

Doctorate in Educational Psychology (DEdPsy)
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**Exploring Young Carers' School Based Resilience:
A Focus on Risk and Protective Factors**

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Abstract

This study aimed to explore the educational experiences of Young Carers. Specifically the study aims to identify a set of education related risk and protective factors specific to Young Carers that may increase their school based resilience. The study used a mixed methods approach to try and gain a richer picture of these young people's experiences. A participatory approach was used, as these Young Carers were deemed best placed to identify their own risk and protective factors.

For the first part 6 Young Carers took part in a focus group. Risk and protective factors were identified and further discussions were transcribed and analysed using Thematic Analysis. For the second part a questionnaire was created from the factors identified in the focus group. The questionnaire was completed by 45 Young Carers between the ages of 8 and 18 and these were analysed based on the research questions identified.

Results found a range of risk and protective factors influencing Young Carers' school based resilience such as bullying, quality friendships, lack of awareness in schools and non-judgmental support from school staff. Additionally older Young Carers noted more negative experiences of school than their younger peers. These results are discussed in further detail with particular focus on their relation to research as well as Educational Psychologists' practice.

Summary

This thesis will be made up of three parts namely the literature review, the empirical paper and the critical review. Part one will aim to critically explore the research pertaining to a group of young people described as Young Carers paying particular attention to any research about their education. The review will then go on to explore and critically evaluate current research on resilience and how all of these explorations resulted in the research questions for this piece of research.

Part two, the empirical paper, will provide a detailed account of the process undertaken to explore the chosen research questions surrounding Young Carers' school based resilience. The rationale, methodology and results will be discussed and explained and then considered in terms of their relevance to the current research as well as to Educational Psychologists' practice.

Part three, the critical review, will aim to provide a reflective and reflexive account of the research process. The first part will focus on the contribution to knowledge around Young Carers and resilience gained from this research project. The second part will focus on a critical account of the research practitioner; this will be a more personal reflection on the journey the research practitioner took throughout the research process.

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List of Abbreviations

YC	Young Carer
UK	United Kingdom
USA	United States of America
EP	Educational Psychologist
SEN	Special Educational Needs
ALN	Additional Learning Needs



**Exploring Young Carers' School Based Resilience:
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Part I: Literature Review

1. Introduction and Overview

This literature review will focus on the current literature relating to a group of young people labelled as 'Young Carers'. The review will focus on literature describing quantitative and qualitative evidence relating to Young Carers (YCs) as well as research regarding their experiences on various levels. The aim of this literature review is to guide the reader through the literature and to outline the rationale for the current study. This research will aim to explore the risk and protective factors that influence Young Carers' school based resilience.

The review will be split into three parts. The first part will focus on legislation, policy and general research pertaining to Young Carers. The second part will focus on research discussing Young Carers' experiences of education specifically. The third section will discuss the current arguments surrounding resilience as a construct, and the stance this research has taken in relation to these arguments.

To conclude this review will discuss implications for Educational Psychologists (EPs) and will present the research questions resulting from the literature review.

1.2 Key Sources

Online databases were used to search for relevant literature, these were PsychInfo, ERIC and ASSIA. Search terms used (often in combination) were 'Young Carers', 'Caregiving', 'Caring', 'Children', 'School', 'Education', 'Resilience', 'Risk and protective factors', 'Ill parent', 'Disabled Parent' and 'Carer'. Searches were conducted between September 2014 and December 2015. As well as using academic journals and books, online articles and legislations were also explored due to the limited amount of relevant academic journals. Most research has been included, including those from outside the UK due to the dearth of relevant research. Additionally most of the research was found in sociology, nursing or medical journals and very little was found in psychology journals. Only one study exploring Young Carers' experiences was found in an Educational Psychology journal (Doutre, Green & Elliott, 2013).

2. Young Carers' characteristics

2.1 Definition

Since the mid 1980s, interest and knowledge pertaining to a group of young people who are carers in the UK has grown (Becker, Dearden & Aldridge, 2000). Despite this growth in attention there is still no unified, agreed definition of what is considered to be a 'Young Carer'. The Welsh government defines Young Carers as:

“...children and young people under the age of 18 who provide care, support or assistance to a family member with care needs. The majority of young carers care for a parent, but the person with care needs may be a sibling, grandparent or any other family member.” (p. 24, Welsh Government, 2013)

This is a definition adopted by many establishments and organisations such as voluntary organisations which support Young Carers. Despite definitions being generally similar in content, researchers such as Olsen (2000) argue that there is a lack of consistency within the literature regarding definitions used. Others argue that labelling children as 'Young Carers' ignores other influential aspects of their lives such as social class, gender and ethnicity (Banks et al., 2001). Stamatopoulus (2015) noted that the term 'Young Carers' in Canada had become a much broader term, incorporating those who undertake other tasks such as interpreting for parents who have difficulty communicating due to additional language issues.

The difficulty identifying Young Carers as a distinct group seems to be due to the complex needs of this group. Some of the complex issues arising in gaining a clear definition of YCs has been the disentangling of Young Carers from young people who have an ill/disabled parent but do not provide care at home (Thomas et al., 2003), as well as issues with age and responsibilities (Heyman & Heyman, 2013). There is a vast array of responsibilities that these young people undertake; this can differ in terms of the person they care for (parent, grandparent, sibling) and the nature of the tasks (personal care, giving medicine, household tasks) (Olsen, 1996).

Pakenham and Cox (2015) distinguished two types of caregiving that Young Carers are affected by. Firstly 'caregiving tasks' refers to the activities that these young

people are required to undertake at home such as housework. This, they argue, is often a normal part of life which many young people are asked to do. The second they term 'caregiving responsibilities'; this refers to the psychological sense of duty they feel in their role of caregiving. They argued that it is this second experience that influences the effect caregiving will have on a young person's functioning.

This may mean that the impact such responsibilities has on these young people depends on their psychological view of their responsibilities. Some Young Carers may develop an ipsative perspective of their experiences whilst others might choose the more negative view. This would not only influence the impact these roles had on the young people but may also change the extent to which these young people relate to the identity of being a 'Young Carer'.

Although there are many arguments surrounding the definition of Young Carers, this is beyond the scope of the current review. The definition adopted by the current research will be the definition above by the Welsh Government. This definition was chosen due to the Welsh context of the current research. It was also chosen due to its generous parameters in including all young people who support their parents or siblings even if they are not primary carers. Despite adopting this definition, some research papers discussed will make reference to participants above the ages of 18 sometimes referred to as 'Young Adult Carers' in which case this will be made explicit.

2.2 Prevalence in policy and legislation

The office of national statistics found in 2011 that 177,918 young people in the UK are undertaking caring responsibilities and that the highest number of YCs was found in Wales (2.6% of young people) (ONS, 2011). This number is predicted to grow in coming years due to an increase in an ageing population, single parent families and economic hardship (Doutre, Green & Elliott, 2013).

Young Carers are becoming increasingly discussed in legislation, evident by the England (HM Government, 2008) and Wales (Welsh Government, 2013) Carers Strategies, which include a section on Young Carers specifically. This also led to the publication of a qualitative research report by the DfE (2016) highlighting the experiences of Young Carers in England. All of these papers make specific reference to the importance of supporting these Young Carers through multi-agency working, including education. Educational bodies such as Ofsted (2009) have also previously focused on YCs as a group in need of specific support.

In 2012 the Welsh Government listed YCs amongst children considered to have additional learning needs (Welsh Government, 2012). Young Carers were also included in the National Service Framework in England as children who were at risk of poorer outcomes than their peers (DfES, 2003). It is clearly evident that Young Carers are becoming increasingly focused upon in legislation; however, this does not necessarily mean that support services for Young Carers have increased (The Children's Society, 2013). This may have changed in recent years due to the introduction of the Care Act (HM Government, 2014) in England and the Social Services and Wellbeing Act (Welsh Government, 2014) in Wales stating the need for local authorities to identify and assess the needs of Young Carers.

The increase in attention on Young Carers in legislation highlights the importance for education staff to have a clear strategy for supporting these young people. Currently, however, there has been little research conducted exploring how best to support these young people in schools.

2.3 Characteristics

Due to the lack of a clear definition of Young Carers, it is no surprise that gaining a clear picture of the prevalence of Young Carers in the UK is difficult. Although the Office of National Statistics' (ONS, 2011) figures provide an estimation of the numbers of Young Carers in the UK, this may still be an underestimation due to the fact that parents may have been answering on behalf of the young people.

Becker and colleagues are leading researchers in the field in the UK and have been attempting to explore such statistics since 1993. In their most recent survey in 2004 Dearden and Becker surveyed 6,178 Young Carers from 87 'Young Carers Projects' (voluntary organizations that provide respite activities for young people with caring responsibilities). Of those surveyed 56% were girls and 44% boys, a ratio reflected in other literature (Dearden & Becker 2004; Aldridge & Becker 1993a). The average age of Young Carers in this survey was twelve. 56% of those surveyed lived in lone parent families. These Young Carers were also asked about the type of illness in their home. Half of the YCs cared for a physical illness, 29% mental illness, 17% learning difficulties, and 3% sensory impairments. In lone parent families 70% of those needing care were women, whereas in two parent families 46% of those needing care were siblings. Two thirds provide domestic help, 48% general nursing type care, 82% emotional support and supervision, 18% intimate personal care and 11% provided child care. Half provided 10 hours or less, one third 11-20 hours and 16% provided over 20 hours.

Many of these statistics have remained relatively constant since they surveyed 2,303 Young Carers in 1998 (Dearden & Becker, 1998). Although this would suggest an accurate representation, it is important to note that most of these participants were already accessing support services and therefore may not be representative of the general young caring population. There may be many more Young Carers who have not identified themselves to services and are, therefore, essentially 'hidden' (Kennan, Fives & Canavan, 2012). An element of criticality is, therefore, required when looking at the literature pertaining to Young Carers. Although the current research papers available provide valuable information, it may not be representative of the whole sample of Young Carers in the United Kingdom.

Conclusion

Surveys such as those performed by Becker and colleagues (1998; 2004), provide a profile of Young Carers in the United Kingdom which can be useful in planning future research. It provides researchers with valuable information such as Young

Carers' age ranges and the wide range of different caring responsibilities they undertake. It may also provide valuable information for aiming to identify these young people within education. Although the statistics can be useful in practice, the lack of an agreed definition makes any further work difficult. More research is also needed to identify the extent to which caring influences these young people's lives both positively and negatively. Research could focus on the effects of caring as well as positive, practical ways forward to support these young people.

3. Effects of Caring

The main body of literature relating to Young Carers has tended to focus on the impact, both psychologically and physically, caring has on these young people.

Cree (2003) found that of the 61 YCs who completed a questionnaire in Edinburgh, 67% worried about their own health. Additionally 60% had difficulty sleeping, 30% had a loss of appetite, 34% had self-harmed and 36% had contemplated suicide. This suggests that caring can have a negative impact on young people's physical and mental health. There are also suggestions that YCs, although seeming to cope on the outside, may experience feelings of guilt, shame and low self-esteem (Byng-Hall, 2008). Some have argued that it is not the caring that has a negative impact on the young person, rather it is the excessive burden coupled with the lack of support that leads to these negative outcomes (Earley & Cushway, 2002). Care also needs to be taken in attributing these results to the participants' care responsibilities. Sieh et al., (2010) found that children of parents who were chronically ill showed more internalizing problem behaviour than children of healthy parents. Some of the research in this area may, therefore, need to be treated with caution, as it is difficult to note whether some of the negative results are due to the caring responsibilities specifically or due to having an ill or disabled parent.

Some studies have been able to compare carers with non-carers specifically. Lloyd (2013) found in a study of 4,165 young people in Northern Ireland that those who noted looking after someone at home were less likely to say their health was

excellent, had significantly poorer well-being and noted more feelings of sadness and loneliness than their non-caring peers. Lloyd (2013) argues that although these results are pertinent, the degree to which these young people cared for a family member may be questionable due to the self-report nature and the broad definition of 'looking after someone' that was used. Using more specific measures of well-being, a study of Young Carers attending a project in Scotland found that those who were identified as carers showed significantly lower self-esteem and higher levels of depression than those who were not carers (Banks et al., 2002). Conversely Pakenham et al., (2006) found no difference in the levels of depression and anxiety between young caregivers and non-caregivers. They did, however, find that young caregivers had significantly lower life satisfaction, problem solving coping and higher somatization than non-caregivers (Pakenham et al., 2006). A benefit to this study was the relatively large sample size, 245 participants, in comparison to similar studies. The age range was also vast with participants ranging from 10 to 25. The sample was gained through volunteers and those who accessed services which, as noted previously, is often a critique of research with Young Carers.

In a further study Pakenham et al., (2007) went on to argue that greater levels of choice in relation to the young people's caring responsibilities was found to influence higher levels of life satisfaction. It may, therefore, be difficult to ascertain what it is in the lives of these Young Carers that cause the negative outcomes on their well-being. It may not be the responsibilities themselves that causes negative outcomes but the factors surrounding that responsibility. In relation to this Pakenham and Cox (2012) found that although somatic problems (such as back ache and lack of sleep) were a direct effect of caregiving, other adjustment outcomes (such as emotional well-being) could be mediated through combating factors such as stigma and family functioning.

Interestingly an Australian study found that as Young Carers got older they experienced more physical and psychological ailments such as worry, stress, depression, anxiety and aches and pains (Hamilton & Adamson, 2013). This is supported by evidence that Young Carers' responsibilities seem to increase as they

get older (Aldridge & Becker, 1993a). Despite the negative outcomes suggested in the literature, Newman (2002) argues that there is a lack of empirical evidence of these negative outcomes and that many papers assume these outcomes to be caused by caring rather than considering other factors such as poverty, culture and education. Newman also asserted that there is little evidence to show that protecting children from caring would result in increased well-being; in fact he suggested that taking the choice away from these young people may decrease their resilience and well-being (Newman, 2002). Instead it was suggested professionals could use the young people's roles as Young Carers to promote the skills and resilience they are developing within the role, rather than focusing on the possible negative effects of the role.

Conclusion

Although the research seems unclear on the exact causes of negative outcomes for these young people, there seems to be some agreement that young caring may cause some difficulties whether directly or indirectly. If, as suggested by Pakenham and Cox (2012), some emotional difficulties may be a result of indirect causes such as stigma, schools and educational practitioners are well placed to promote awareness in order to reduce such stigma. Further research would do well to identify protective factors, such as those suggested by Pakenham et al., (2007), in order to promote positive life outcomes for these young people rather than focusing on the negative impact of the role.

4. Young Carers' experiences

Early research into the experiences of Young Carers tended to focus on anecdotal evidence from support workers or school staff (Dearden & Becker, 2004). Since then there has been a growth in research aiming to explore Young Carers' views on their own lives. This section will discuss both these viewpoints with the aim of providing a triangulated view of Young Carers' lives.

4.1 Young Carers' views

Research conducted into Young Carers' views of their experiences provides a rich picture of what occurs in their daily life as well as possible avenues of support. Many Young Carers note that people find it difficult to understand why they are carers and what it means to be a Young Carer, which leads to stigma and isolation (Bolas, Wersch and Flynn, 2007). Much of the early research focuses on two sides of an argument; that children should be supported to feel empowered by the responsibility of caring, or that children should be protected from such a responsibility (Aldridge & Becker, 1993a). It seems counterproductive to focus on this argument and to contribute towards it; instead it seems a better way forward would be to focus on Young Carers' view of their needs for support (Bilsborrow, 1992).

A common theme among Young Carers research is the gradual entry into caring, sometimes at a very young age and so gradual that it seems 'normal' to them (Hamilton & Adamson, 2013; Smyth, Blaxland & Cass, 2011). Many Young Carers also report wanting to care and do not like to be seen as victims (O'Dell et al., 2010).

Positive aspects of caring that have been identified include pride at learning new skills, feeling important (Lackey & Gates, 2001) and early maturity (Metzing-Blau & Schnepf, 2008). Other benefits noted in research are factors such as independence and development of work skills (Heyman & Heyman, 2013).

Negative aspects described in the literature by Young Carers include watching loved ones in pain, having too much responsibility (Lackey & Gates, 2001), social isolation and being separated from their parents (Metzing-Blau & Schnepf, 2008). Other stressors have also been identified such as feeling different, responsibility and difficulty with relationships (Earley Cushway & Cassidy, 2007). Many researchers, however, have argued that using YCs' identity as a carer is an important way to develop their skills, feelings of pride and self-esteem (Bolas, Wersch and Flynn, 2007; Earley Cushway & Cassidy, 2007). Although some do not

identify and label themselves as 'Young Carers' (Moore, McArthur & Noble-Carr, 2011), for many the label helps them make sense of the difficult tasks and circumstances in which they find themselves (Skovdal & Andreouli, 2011).

In a meta-synthesis (a method of evaluating and identifying common themes from a set of qualitative research papers) of eleven qualitative papers, Rose and Cohen (2010) found four key themes within the Young Carers literature. These were:

- becoming a carer;
- conflicts between identities as a child and identity as a carer;
- others' expectations and stigma and
- protecting the caring role.

One of the greatest fears noted by Young Carers was being separated from their relative. Rose and Cohen (2010) also argued that caring is a strong part of YCs' identity so to try and separate them from it would be damaging. This study provides a concise account of the themes identified in the current research on Young Carers' experiences. Despite this, only eleven qualitative papers were found which explored this, a factor which highlights the limited research in the area. This, along with the variety of ages and illnesses represented in these papers, may have made identifying common themes and generalising the results difficult.

4.2 Professionals and parents' views

One strong theme that is present across research with Young Carers is keeping the family together and the fear of having the family separated (Metzing-Blau & Schnepf, 2008). Some parents have noted that they encouraged their child to keep the family circumstances private due to fear of separation or unwanted interventions (Aldridge & Becker, 1994). Despite these negative messages it has also been argued by parents and young people that caring helps reinforce the bond between the parent and child and improves maturity and empathy in the young person (Aldridge, 2006; Banks et al., 2001). Much of the research around young people caring, however, argue about 'parentification' of the child whereby the child takes the role of the parent and the negative impact this may have (Earley & Cushway, 2002). Many parents have also noted feeling disempowered and judged

as inadequate parents due to the way they are portrayed in literature (Newman, 2002).

Aldridge (2006) found in her study of parents and Young Carers' views that although the child may take on many of the responsibilities of the parent, the roles were still clear in terms of the parent being the parent. Some have argued that it is the actions of those parents specifically that prevent the child from taking on the parental role fully (Byng-Hall, 2008). This was supported by Kavanaugh (2014) who found that parent-child conflict often had a greater impact on school and Young Carers' well-being than their caring responsibilities. This reflects the previous argument that there may be additional factors mediating the effect caring has on these young people. This suggests that support needs to be targeted at multiple levels such as school, within the family and in the community in order to support these families to continue functioning as effectively as possible.

Of the limited research using professionals as participants, similar themes were found to those identified by parents and young people themselves. Health and social care professionals note that pertinent factors in Young Carers' lives are isolation, restricted opportunities and stigma (Gray et al., 2008). They also note that fears over child protection and family separation is a prominent and ongoing theme in these vulnerable families, something which is important to consider when trying to support them (Gray et al., 2008).

Conclusion

It is apparent that Young Carers and parents are able to identify many positive and negative aspects of caring. Despite this, Young Carers continue to feel misunderstood and isolated. Young Carers and their parents also often feel protective over their circumstances, a factor which may influence their engagement with support services. Educational professionals may, therefore, wish to focus their support in encouraging caring as a positive identity and promoting the skills these young people are developing as a result. It may also be beneficial to

support Young Carers develop and maintain positive relationships with those around them to combat any feelings of isolation or stigma.

5. Young Carers support services

5.1 Messages for support services

A common theme within the literature is that Young Carers and their parents want support that is flexible and that respects what they do (Metzing-Blau & Schnepp, 2008). Other themes identified in the research regarding support are Young Carers being excluded from decisions and the lack of consistency amongst support systems (McAndrew et al., 2011; Aldridge & Becker, 1994).

In a large scale study Pakenham et al. (2007) found that it was the quality rather than the size of social support that was a significant predictor of life satisfaction in Young Carers. It is often reported that, when asked about preferred support, Young Carers tend to focus on their cared for relatives stating that they want more support for them regarding personal and intimate tasks and transport (Moore & McArthur, 2007). Support services also tend to focus on the person with the illness or disability, perhaps to the detriment of the young person caring for them (Bilsborrow, 1992). Research has postulated that support should take a more holistic approach and should promote a reciprocal relationship of support between the parent and the caring child in order to prevent 'parentification' (Earley & Cushway, 2002; Metzing-Blau & Schnepp, 2008).

Young Carers note that they do not receive any training on intimate caring or dressing wounds and they receive limited information from Doctors (Levine et al., 2005). Some Young Carers note that they get the information they need on caring from the internet rather than from supportive professionals (Levine et al., 2005). It may be critical to note that some of these themes have been derived from studies with Young Adult Carers, those between 18 and 25 years old, and as noted previously Young Carers' responsibilities tend to increase as they get older (Aldridge & Becker, 1993a). Perhaps Young Carers and Young Adult Carers should

be distinguished from one another in terms of most appropriate support systems due to a possible difference in their responsibilities. It is also important to note that some studies were conducted in the USA and although similar themes are identified in the UK, the social care systems in both countries are very different (Becker, 2007). Nevertheless Young Carers in the UK have also reported wanting more information about conditions in order for them to support their relative appropriately (Banks et al., 2001).

As noted earlier Pakenham and Cox (2012) discovered a link between caregiving, stigma, family functioning and outcomes for Young Carers; they, therefore, suggested that intervention should be targeted at every level from the home to school. They also suggested that support would benefit from being psycho-educational and use peer support to combat thought processes such as stigma. Other studies have also noted the importance of promoting peer-relations as a way of supporting Young Carers (Alasuutari & Jarvi, 2012). Others argue that interventions should be focused on supporting the needs of the family as a whole, rather than the Young Carer, particularly by not focusing too much on parenting capacity (Aldridge, 2006).

Many of the themes occurring from the research suggest that support for Young Carers should be multi-agency and everyone involved in the child's ecosystem (Bronfenbrenner, 1979) should take responsibility for supporting these young people and their families. Researchers argue that social services, health and education should work together to provide seamless support for these families (Becker, Dearden & Aldridge, 2000).

Some researchers argue that a multi-agency system that supports Young Carers and their families more holistically is still missing from many services for this population (Metzing-Blau & Schnepf, 2008). Although the systems of support may not be at their most effective yet, Dearden and Becker (2004) argue that more Young Carers are being assessed for need and receiving support by various agencies than was the case in previous years.

There may be, however, many reasons why Young Carers do not access support. These reasons could be that they do not identify themselves as Young Carers and regard their situation as 'normal'. Other reasons may be the fear of unwanted intervention, fear of bullying, the lack of services acknowledging Young Carers as an 'at risk' group and a lack of knowledge within services (Moore & McArthur, 2007). These young people and their families may need encouragement to feel comfortable in accessing support; this could be done by removing the fear of isolation, uncertainty and punishment that Young Carers and their families feel regarding support services (Aldridge & Becker, 1993b).

5.2 Young Carers' Projects

One important service that provides significant support for Young Carers are Young Carers Projects which are run across the UK. These projects are often run by voluntary organisations such as Barnardos, YMCA and Action for Children. Becker (2007) estimated that there are over 350 groups dedicated to supporting Young Carers in the UK. These projects have been noted by Young Carers to be extremely positive due to the opportunity to socialise with similar young people, the sense of a break from their responsibilities and the emotional support received (Barry, 2011; Gray et al., 2008). Young Carer's projects contribute towards supporting Young Carers' well-being by providing them with a variety of experiences which they may not get otherwise (Richardson, Jinks & Roberts, 2009). Thomas et al., (2003) noted in their interviews of Young Carers that there was great praise for Young Carers projects but that these agencies should not have sole responsibility for supporting these young people. They, and other researchers (Becker, Dearden & Aldridge, 2000), have suggested that a multi-agency approach is vital to supporting these young people (Thomas et al., 2003). Some Young Carers have gone as far as saying that Young Carers projects are the only service they find useful, with education and social work seen as unhelpful (Heyman & Heyman, 2013). A common theme across much of the literature is the isolated way in which services work and the need for collaborative working (Underdown, 2002).

Conclusion

It is apparent that there are short falls in the current mechanisms for supporting Young Carers. Although Young Carers noted that voluntary projects providing respite activities are extremely helpful, they noted that other services need to be able to provide support of equal value. Further research is needed to identify how educational professionals can support Young Carers and their families in a sensitive and effective way. Aldridge & Becker (1993a) argue that we should always consult Young Carers and their families before creating policy and actions in order that we do not “impose our own ideals concerning their best interest” (p.77, Aldridge & Becker, 1993a), and therefore research with Young Carers at the centre of the process may be most beneficial. As noted from much of the research, it is likely that support would be most effective if done in a multi-agency approach where all services are contributing equally.

6. Educational Experiences of Young Carers

One general critique of the literature pertaining to Young Carers is that most of the research explores their experiences broadly rather than focusing on one aspect of their lives. Although many of the studies touch upon Young Carers’ views of their education very few focus on this subject specifically. This section will, therefore, discuss some themes relating to education that have arisen from these broad studies and will go on to highlight some research papers where Young Carers’ education was the focus.

Since the earliest of studies Young Carers have noted difficulties in getting to school on time, completing homework and concentrating (Dearden & Becker, 1998). Although many Young Carers see the benefit and value of school, they often find it difficult to catch up on work (Thomas et al., 2003). Other studies, however, have found that most Young Carers manage to cope well with school work (Banks et al., 2001). Some studies have found it difficult to ascertain the effects of caring on school but through further analyses have found underlying themes such as difficulty getting homework in and lack of engagement in activities or clubs

(Bilsborrow, 1992). The Princess Royal Trust for Carers (2010) found that four out of ten Young Carers had not identified themselves as Young Carers in school, a factor which may be contributing to the lack of support available for them as well as the lack of detailed research regarding their educational experiences.

6.1 Positive aspects of school

Dearden and Becker (2004) found that 27% of secondary school Young Carers were experiencing problems at school and 13% of primary school aged children. These numbers had decreased since previous studies (Dearden & Becker, 1998), however, numbers were still higher for children who cared for a relative with drug or alcohol issues. Dearden and Becker (2004) attributed this improvement in numbers to the support and awareness raising done in schools by support workers from the Young Carers projects. Similarly Banks et al., (2002) noted that four out of five of Young Carers interviewed said caring had no effect on their schooling. This may, however, reflect Young Carers' reluctance to admit to any difficulties they are having for fear of negative consequences for their families. Alternatively school may be a positive place for these young people, something which could be enhanced or built upon by schools and Educational Psychologists.

Young Carers note school to be a place where they can be children without responsibilities (Bilsborrow, 1992). In a study of young people caring for adults with cancer in the USA Gates and Lackey (1998) found that school was described as respite from Young Carers' responsibilities. The school time was seen as their own time and they did not want to discuss their circumstances during this time. These participants also noted that school was only disrupted on days where the adult needed to go to hospital. It was, however, difficult to ascertain whether these factors were present due to the caring aspect of these young people's lives or the fact they had a family member with a serious illness (Gates & Lackey, 1998). These themes were also found to be present in adults looking retrospectively at their caring in childhood (Lackey & Gates, 2001) which gives a sense of permanence to these themes. Although this study was conducted in the USA, themes are similar

across many countries including the UK and sub-saharan Africa (Thomas et al., 2003; Cluver et al., 2012 and Skovdal et al., 2009).

6.2 Negative aspects of school

Despite some positive views of Young Carers' education, Lloyd (2013) found some less promising results in a large scale study of 4,212 ten and eleven year olds in Northern Ireland. As part of a larger general survey children were asked about any caring responsibilities and their experiences of these responsibilities. Children who undertook caring responsibilities were significantly less likely to say they were happy at school and more likely to have experienced bullying than their non-caring counterparts. These Young Carers were also less likely to have sat transfer tests (a test which allows them to attend a grammar school) and if they did they received significantly lower grades than their non-caring peers. One critique of such studies could be the impact of possible confounding variables such as socio-economic status or poverty. This study attempted to justify this by noting that there were no significant relationships between the type of school (urban/rural and amount of free school meals) and the results relating to caring responsibilities (Lloyd, 2013). Although this somewhat shows that these confounding variables were not significant, these factors were only gathered at the school level. Individual level data such as socioeconomic status, religion and familial circumstances were not gathered and these factors could be significantly related to levels of caring. Despite these issues and the fact that the results were obtained from a different country, it is important to consider the impact of such results and the implications they may have for Young Carers' education.

Similar results were also found in Edinburgh in a study of sixty-one Young Carers. Cree (2003) found that 68% of Young Carers reported being worried about school work, 48% worried about money and 36% worried about being bullied (Cree, 2003). Other Young Carers in the study found school as a place of refuge. It was found, however, that girls were more worried about school, reported more problems at school and truanted more than boys. This study utilized self-report

methods of questionnaires and interviews and, therefore, it may be that girls were more willing to disclose their views than their male peers (Cree, 2003).

6.3 Attendance

One key theme amongst Young Carers' experiences in education is occasional absences. Many Young Carers report missing school, some more than others (Aldridge & Becker, 1993a). Fox (1995) noted that approximately 10% of school absences are due to home responsibilities. Interestingly when parents were asked, very few admitted to their children missing school (Aldridge & Becker, 1994). This, however, may not have been an accurate representation due to parental reports and also a possible lack of honesty for fear of being penalised.

Due to these absences some Young Carers felt pressured into telling schools about their circumstances at home (Aldridge & Becker 1993a), some were even questioned in front of the whole class and pressured into disclosing their situation (Aldridge & Becker, 1993b). Similarly some Young Carers note the lack of opportunity to engage in various aspects of school life made them feel isolated and different (O'Dell et al., 2010). Some Young Carers felt they had been made to feel like liars or feel like their home circumstances were not taken seriously, some were also punished for their absences (Aldridge & Becker, 1993a; Thomas et al., 2003). One Young Carer in O'Dell et al.'s (2010) study noted that due to her unhappiness at school, she sometimes used her mother's illness as an excuse to stay at home. These studies highlight the complexities involved in Young Carers' attendance at school, something which Educational Psychologists may need to consider. It also seems that different professionals view the problem and, therefore, solution of Young Carers' absences very differently (Fox, 1995). In order to provide seamless support all key people's constructs need to be identified and considered before working towards an appropriate system of support for these young people.

In their meta-synthesis of qualitative papers Rose and Cohen (2010) found a complex confusion amongst Young Carers. On one hand Young Carers did not want

school to know about their situations so as not to be made to feel like liars or makers of excuses, on the other hand Young Carers felt angry at the lack of awareness about their situations within their schools. Young Carers also found it difficult to transfer skills they were using in their caring role, such as being inquisitive, into their school life without being labelled as 'cheeky'. This was causing a difficulty for them in maintaining a solid identity (Rose & Cohen, 2010). As noted previously, maintaining a solid identity may be a protective factor for Young Carers and something which may be important to promote in schools.

6.4 Friendships and stigma

Another pertinent theme which has particular relevance for school but also transcends across other situations for Young Carers is the difficulty in making and maintaining friendships. Around a third of Young Carers report worrying about making friends (Cree, 2003). Young Carers often note that they have little time to socialise other than in support groups and that at times friends do not understand their situations (Dearden & Becker, 1998). Young Carers also note a fear of being treated differently by peers, stigma or bullying as well as the shame they feel about their situation (Alasuutari & Jarvi, 2012). The difficulty Young Carers face in maintaining a social life is suggested to be due to the time demands of caring (Heyman & Heyman, 2013). Despite these factors, Young Carers also note that school can be a place to facilitate seeing friends (Barry, 2011). This may be particularly pertinent as Young Carers have little time outside of school to meet friends and attend activities (Banks et al., 2001). School work, often, has to take priority over social events which influences their ability to maintain friendships outside of school (Aldridge & Becker, 1994).

6.5 Aspirations

Young Adult Carers often focus on the difficulty in aspiring to a future the same as their non-caring counterparts. It is noted across the literature that higher education, such as university, may be less accessible to Young Carers due to their responsibilities (Levine et al., 2005). Lloyd (2013) noted that significantly less

children who cared for a family member said they would go to University than their non-caring peers. Some Young Adult Carers in the USA even noted dropping out of school completely due to their caring responsibilities (Lackey & Gates, 2001), something which could have grave impact on their futures. In terms of Young Carers' aspirations for the future, these young people often describe living in the here and now and focusing on the challenges they have facing them in the present (Aldridge & Becker, 1993a). Young Carers describe transitions as being a particularly difficult time; for example leaving mandatory education and developing a career (Hamilton & Adamson, 2013). A group for which this is particularly challenging is children of parents with mental health difficulties. This distinct group report a difficulty in seeing a positive future for them or their parents due to the unpredictable nature of their parents' condition (Alasuutari & Jarvi, 2012). Some have argued that not enough thought is given to Young Carers and their education particularly in terms of their accessibility to University (Gray et al., 2008). Due to this difficulty aspiring for the future, educational professionals are best placed to encourage these young people to flourish academically (Heyman & Heyman, 2013).

Despite many of these negative reports, some research has shown that caring does not affect young people's desire to go to university. Rather it affects their consideration of the location of the University and their choice of career. Young Carers often change their career choice to allow for the unpredictability of their relative's illness and many end up going into caring professions due to their unique set of skills (Hamilton & Adamson, 2013).

Conclusion

Despite the presence of some interesting and common themes across these studies, it is difficult to draw any sound conclusions due to various critiques. Firstly these studies were from many different countries; the UK, Germany, USA and Africa. Although the issues facing Young Carers seem to be similar across countries, something that is interesting to consider in itself, it is difficult to generalise across different educational systems. Secondly most of these studies

were qualitative in nature and of a small sample size focusing on many different subjects not just education. It is, therefore, important to note that the limitations and paucity of research in this area suggests the need for further investigation.

6.6 Studies exploring Young Carers' education specifically

The only published study found directly looking at Young Carers' experiences of education in the UK was conducted by Eley (2004) in Scotland. Eleven Young Carers were interviewed regarding balancing their caring responsibilities with their education and the support available from educational professionals. During the study Young Carers noted a sense of resilience in being able to balance their caring responsibilities and education successfully without too much disruption to their education. One particular difficulty that was noted was lack of support and understanding from teachers. Young Carers were often made to feel like liars or like their reasons were excuses, confidentiality amongst teachers was also an issue. One Young Carer drew a comparison between having a physical ailment such as breaking an arm to being exhausted after a few difficult nights with an ill mother. He noted that if he had broken an arm special support would be put in place for him at school, whereas if he was tired after caring for his mother he received no such support. This study highlights some difficulties these Young Carers face in education with more detail than some of the more general qualitative studies previously described.

Despite this, the unstructured interviews meant that themes identified may have been broad with limited coherence from one participant to another. It may have meant that specific details regarding certain areas of their lives may have been lost due to the lack of structured questions. Another critique of this research is that none of the participants were primary carers, a factor which may contribute to the reports that caring did not affect their school work.

One pertinent study conducted in Australia also looked specifically at Young Carers' experiences of education, as well as school staff's knowledge of Young Carers. Moore et al. (2006) held interviews and focus groups with 51 Young Carers

between the ages of 12 and 21. They found that Young Carers valued school due to factors such as time out from caring, connecting with others, developing a sense of belonging, receiving support and information and learning new things. Young Carers also noted they felt education was a way for them to make their parents proud and to prove to themselves that they could do it. Young Carers reported negative aspects to school such as not being able to afford trips or books, bullying (40% had experienced bullying), lack of time to socialise and expressing their emotions negatively through anger. 50% of these Young Carers had poor school attendance and 44% believed they had not achieved as highly as they could have had they not been carers (Moore et al., 2006).

As the second part of the research school staff were asked how they support Young Carers in their schools. The types of support highlighted were vague and variable between members of staff, examples of which were changes in policy, generic behaviour support systems and referring to outside agencies such as an Educational Psychologist.

Despite some pertinent themes useful for future research, this study was conducted in Australia and, therefore, care must be taken in generalising the results to a UK population. Additionally this, as well as Eley's (2004) study, was qualitative using interviews and focus groups to identify themes. This, coupled with there only being two studies focusing on Young Carers' education specifically, further limits the generalizability of these findings. Further research is needed to strengthen the themes found in various areas across the UK. Nevertheless the results provide a starting point for further research in terms of the types of issues Young Carers may face in their education and what professionals can do to support them.

6.7 Support systems in schools

In a paper reviewing and summarising the current research and policies relating to Young Carers' education in the UK, Dearden & Becker (2003) outlined nine ways in which schools should support Young Carers. These nine factors were:

- “1. To ensure any conversations with the young person is done (sic) in private
2. To establish the extent of their caring tasks
3. To discuss the situation with parents in order to ascertain if they have enough support as a family
4. To highlight the possibility of an assessment of need from social services and possibly help them contact social services.
5. To refer to any other agencies if the family wish you to do so
6. To explain what support is available from the school. It would be important to find a balance between accepting school absences and disciplining the young person for their absences.
7. Discuss local organisations that are available to help such as Young Carers projects
8. To ensure the school is flexible with their support for the young person
9. Respect the family’s wishes relating to privacy and to respect all members of the family. “(p.14, Dearden & Becker, 2003)

Although the list may be interpreted as overly prescriptive, it provides some examples of ways schools could support Young Carers based on Dearden and Becker’s (2003;2004) extensive findings in the field. This information was, however, collated from many different sources and not from a select set of research directly exploring these factors. This may mean that the true messages from participants have been misinterpreted or lost through interpretation. Additionally Moore et al. (2006) argue that until schools can ensure Young Carers will not experience bullying, peer rejection and confusing unhelpful support systems, these young people will not feel comfortable disclosing their situations. This is supported by other researchers who argue that little will change for Young Carers until they feel comfortable enough to disclose (Banks et al., 2002).

It is also argued that schools should not focus on identifying these young people, rather the focus should be on alternative strategies such as increasing awareness of diversity, increased personal support and advocacy and flexibility in the way children are taught (Moore et al., 2006). Any support system that singles out these young people and makes them feel isolated seems counterproductive (Banks et al., 2002). This contradicts the advice provided by Dearden & Becker (2003) and suggests that the focus of support should not be on asking questions and delving into the personal lives of these families.

Young Carers in Eley's (2004) study noted that teachers are best placed to support them through difficult times. They did, however, note that until teachers increased their awareness around the subject and more sound support systems were in place, teachers' attention could be detrimental. Additionally Young Carers noted that there should be an expectation for primary schools to support Young Carers and not wait until they are at secondary school to intervene (Eley, 2004).

Young Carers have also noted practical strategies that they find useful at school such as homework clubs to catch up on work, mentoring, guidance and the use of online tools for counselling and information sharing (Banks et al., 2002). Other practical strategies that Young Carers note would be useful are promoting diversity and caring in personal social health education (PSHE) lessons and ensuring there is a key adult at school for them (Underdown, 2002). Raising awareness is also noted as being a key factor in improving the outcomes for Young Carers in education (Underdown, 2002; Gray et al., 2008). Assemblies could be used to promote the acceptance of difference and raise the profile of Young Carers in schools (McAndrew et al., 2011). Some researchers have noted that education in particular fails to truly understand the meaning of the role of Young Carers (Heyman & Heyman, 2013). Thomas et al., (2003) found that of the twenty one Young Carers interviewed only one noted they had someone to talk to, others noted staff would try too hard and were over-intrusive.

Research has noted mixed results in terms of promoting awareness of Young Carers in schools (Smyth, Blaxland & Cass, 2011). Some parents have noted that support from schools only worked well when parents were able to assertively communicate with schools (Aldridge & Becker, 1994). Due to some parents' lack of ability to be available, McAndrew et al. (2011) suggested an advocate for Young Carers would be a positive way to increase their autonomy in terms of their education.

Conclusion

Many common themes have occurred from the current research around Young Carers' education. Some of these themes included Young Carers experiencing stigma and bullying, feeling isolated, lack of awareness within schools, missing school and not being able to catch up on work as well as a lack of targeted support within schools. Despite this only two studies were found which explored Young Carers' education specifically and one of these was conducted in Australia. Some valuable information was also gathered from more general qualitative studies but education was often mentioned as a small part of the results, which made critically analysing these results difficult. Nevertheless Young Carers, when asked, seem to provide positive and practical suggestions for ways of supporting them in their education. This is something which is important to consider when planning future research.

7. Resilience: a lens to look through

One critique of the current literature on Young Carers could be the lack of psychological theories as a basis for research. Most of the research is conducted from a medical or social model and the focus is on the lived in experiences of Young Carers (Bolas, Wersch & Flynn, 2007). Some studies have used a stress and coping model to explore strategies Young Carers use to cope (Pakenham et al., 2006; Pakenham et al., 2007; Earley, Cushway & Cassidy, 2007), however, these studies tend to focus on the stress caring puts on these young people. There needs to be further research into the factors that promote resilience in Young Carers rather than the constant focus on their vulnerability (Becker, 2007).

7.1 The construct of resilience

Resilience is commonly described in the literature as being a process that promotes positive adaptation despite significant adversity (Luthar, Cicchetti & Becker, 2000). The concept of resilience was first discussed and brought to popularity by Rutter (1979;1985;1993) a British Psychiatrist who began his work

on resilience by focusing on the influence a mother's mental health issues can have on her child. Rutter (1985) argued that although there are circumstantial factors and ecological influences, there are individual differences within children which prevent or encourage the development of pathology. Many studies have successfully explored resilience in children using this conceptualisation, however, more recently there has been criticisms surrounding the construct of resilience. Early research tended to focus on risk factors and ignored the beneficial aspect of identifying protective factors (Dearden, 2000).

Research more recently has been exploring the idea that resilience is not a fixed, within child process; rather researchers have argued that resilience is a more fluid process that can develop and change over time (Luthar, Cicchetti & Becker, 2000). Due to the interplay of so many factors, within child and environmental, it is difficult for researchers and practitioners to define and work towards resilience as a singular construct (Dent & Cameron, 2003).

Ungar (2004) proposes a constructionist view on resilience which depicts resilience as being a result of negotiations between people and their environments. This approach views risk and protective factors as non-systemic in that there may not be a direct causal relationship between risk and protective factors. Rather they are viewed as a complex and contextual set of relationships. Ungar argues that previous models of resilience have aimed to identify ways of 'inoculating' children against stressors and proposes that using a constructionist model of resilience may provide more meaningful information about how to support these young people. It is argued that much of the current research on resilience identifies factors which are relevant only to the distinct population being studied based on culture, age, race and other factors. It seems, to this day, there is no universal set of factors which can be said is protective for all children (Ungar, 2004). Other researchers have supported this view by postulating that in order to improve young people's resilience, we should be focusing on changing the structure of society and the features within specific contexts that support that person's resilience rather than attempting to change some inner quality in these young people (Secombe, 2002; Gilligan, 2001).

The current research will adopt a constructionist view of resilience, by using a definition suggested by Ungar (2004; 2008):

“In the context of exposure to significant adversity, whether psychological, environmental, or both, resilience is both the capacity of individuals to navigate their way to health-sustaining resources, including opportunities to experience feelings of well-being, and a condition of the individual’s family, community and culture to provide these health resources and experiences in culturally meaningful ways.” (p.225, Ungar, 2008)

Additionally until recently, school’s power as a protective factor has been relatively ignored in research on vulnerable young people’s resilience (Dent & Cameron, 2003). Further detail is, therefore, needed in terms of the protective element schools can provide for these young people with difficult lives.

Based on Ungar’s (2004; 2008) definition and the lack of research into resilience within a school context, this study will explore Young Carers’ resilience within the school context alone. The aim will be to identify factors which promote Young Carers’ well-being, opportunities and success within a singular context so as not to assume that these factors are relevant in other parts of the Young Carers’ lives.

Additionally Mordoch & Hall (2002) assert that researchers tend to define children’s pathology from “narrow biomedical foci that reflect their normative judgments” (p.208, Mordoch & Hall, 2002) and that measures used to determine resilience are often restricted to diagnostic techniques. They argue, instead, that factors need to be studied from the child’s perspective in order to ensure that these risk and protective factors are relevant to the participants’ lives (Mordoch & Hall, 2002). This research will, therefore, aim to include Young Carers throughout the process to ensure that risk and protective factors identified are relevant to their lives.

7.2 Young Carers’ resilience

It has been argued that Young Carers, like many other young people, show a high degree of resilience (Barry, 2011). It may, therefore, be more valuable to explore

what it is that encourages resilience in these young people, than to focus on what causes them stress (Doutre, Green & Elliott, 2013).

Moore, McArthur and Noble-Carr (2011), however, noted that Young Carers of parents with an alcohol or drug issue did not feel strong or resilient. Having more knowledge of their parent's mental health condition may build resilience in these young people (Alasuutary & Jarvi, 2012). This suggests that factors which influence Young Carers may vary within the group as well as between this group and other groups of vulnerable young people.

Interestingly there have been a set of studies exploring the educational impact of living with household aids on young people in Africa. These studies have tended to have a particular focus on resilience and factors that help these young people thrive (Skovdal et al., 2009; Skovdal & Andreouli, 2011). Skovdal et al., (2009) interviewed 48 participants who cared for a guardian suffering from HIV or aids and found a distinct set of protective factors which were relevant to them. Protective factors identified were supportive friends, school as a place of hope, having a positive identity and engaging in work and activities. Interestingly they also found that older participants, aged between 15 and 17, described caring as the 'enemy' whereas younger participants ascribed much more positive meanings to caring. Skovdal & Andreouli (2011) noted that recognition of agency by the young people's community can enhance their resilience. As suggested by Ungar (2004) the results of these studies cannot be generalised to Young Carers in the UK due to the unique culture and circumstances from which they are found. It does, however, provide a positive framework from which to explore a similar phenomenon with Young Carers in the UK.

Future research with Young Carers should focus on risk and protective factors that improve access for this specific group of young people to education (Cluver et al., 2012). It has also been argued that this unique group of young people can provide information on resilience for themselves and children in general due to their particular strengths in the face of adversity (Cassidy & Giles, 2013).

Conclusion

Based on the research presented, resilience will be constructed in the current research as the result of a complex interplay between risk and protective factors. Resilience will be interpreted as a fluid and flexible process that is context specific and can change throughout a person's life. Although this research does not discount resilience being a trait, this will not be the focus of the research. Instead this research will aim to explore how education can support the development of resilience in Young Carers through encouraging protective factors and minimizing risk factors. The current study will attempt to explore resilience from the viewpoint of the Young Carers themselves with particular relevance to education. Using a participatory approach, Young Carers will be involved in depicting their own risk and protective factors which are context specific relating to their school lives.

8. Relevance to Educational Psychologists

Along with the current developments in Educational Psychology practice it is becoming increasingly important to evaluate a child's need rather than any diagnosis or specific difficulty. It is important that Educational Psychologists play a part in evaluating these Young Carers' needs in order to ensure they are supported appropriately in education.

Some researchers have pointed to the importance in centralising support for Young Carers to ensure support is provided from all angles (Dearden & Becker, 1998). It is therefore vital that Educational Psychologists are aware of the best ways to work with schools to support these young people. The current research will build on this knowledge and will hopefully contribute to further development of policies and interventions for Young Carers across education. In terms of direct intervention, Educational Psychologists can help school staff to increase the protective factors which support the resilience of these young people (Dent & Cameron, 2003). Gilligan (2000) argues that learning about young people's resilience and 'what works' for them is the way forward in devising policy and

practices for professionals. Educational Psychologists are well placed to promote Young Carers' protective factors across schools as well as other agencies in order to promote the best mechanisms of support.

9. Summary

To conclude, this literature review aimed to summarise the research relating to Young Carers' experiences. Firstly general research pertaining to Young Carers' home lives, well-being and circumstances was discussed (Aldridge & Becker, 1993a; Cree, 2003). Secondly the research discussing Young Carers' education was discussed with a particular focus on the positive and negative factors of school for these young people (Eley, 2004; Dearden & Becker, 2003; Moore et al., 2006). Lastly the resilience literature was briefly described to provide a theoretical lens through which the research can be explored. The current research project will, therefore, explore Young Carers' school based resilience by focusing on risk and protective factors. Specific attention will be paid to their age, gender and the type of illness they care for due to suggestions in the literature that Young Carers' experiences vary on these several factors (Cree, 2003; Hamilton & Adamson, 2013; Moore, McArthur & Noble-Carr, 2011).

10. Current Research

The aim of the current study is to identify possible risk and protective factors to Young Carers' school based resilience and to address the lack of research into Young Carers' education more generally. The study will, therefore, aim to answer the following overarching question:

What are Young Carers' experiences of education?

Within this overarching question, further specific questions will attempt to be answered:

1. What do Young Carers identify to be the main protective and risk factors associated with their education?
2. Does Young Carers' school based resilience differ according to age?

3. Does Young Carers' school based resilience differ according to gender?
4. Does Young Carers' school based resilience differ according to type of illness caring for?

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**Exploring Young Carers' School Based Resilience:
A Focus on Risk and Protective Factors**

Part II: Empirical Study

1. Abstract

This study aimed to explore the educational experiences of Young Carers. Specifically the study aims to identify a set of education related risk and protective factors specific to Young Carers that may increase their school based resilience. The study used a mixed methods approach to try and gain a richer picture of these young people's experiences. A participatory approach was used, as these Young Carers were deemed best placed to identify their own risk and protective factors.

For the first part 6 Young Carers took part in a focus group. Risk and protective factors were identified and further discussions were transcribed and analysed using Thematic Analysis. For the second part a questionnaire was created from the factors identified in the focus group. The questionnaire was completed by 45 Young Carers between the ages of 8 and 18 and these were analysed based on the research questions identified.

Results found a range of risk and protective factors influencing Young Carers' school based resilience such as bullying, quality friendships, lack of awareness in schools and non-judgmental support from school staff. Additionally older Young Carers noted more negative experiences of school than their younger peers. These results are discussed in further detail with particular focus on their relation to research as well as Educational Psychologists' practice.

2. Introduction

2.1 Background information on Young Carers

Around 177,918 young people in the UK are undertaking caring responsibilities and the highest number of Young Carers (YCs) has been found in Wales (2.6% of young people) (ONS, 2011). Research involving YCs has been growing since the mid 1980s (Dearden & Becker, 1998) and has resulted in an increase in consideration of YCs in social policy and legislation. Research into the experiences of YCs has been done all over the world including the United Kingdom (UK) (Dearden & Becker, 1998; Aldridge & Becker, 2003), Australia (Moore, McArthur &

Noble-Carr, 2011; Smyth, Blaxland & Cass, 2001) and more recently in HIV/AIDS affected countries in Africa (Cluver et al., 2012; Skovdal et al., 2009; Skovdal & Andreouli, 2011).

Areas of research which have been explored with regards to YCs range from the negative effects of caring on young people's psychological well-being (Cree, 2003) and physical health (Hamilton & Adamson, 2013) to the positive aspects of caring for a loved one (Doutre, Green & Elliott, 2013).

2.2 Young Carers' educational experiences

Many research papers exploring YCs experiences of caring briefly allude to their experiences of education but rarely focus on it. The main barriers to YCs accessing education highlighted in research have been getting to school on time, completing homework, difficulty concentrating, lack of opportunity to take part in activities and maintaining friendships (Dearden & Becker 1998; O'Dell et al., 2010).

Generally such studies have simply made reference to the negative impact caring has on education for these young people (Moore, McArthur & Noble-carr, 2011; Smyth, Blaxland, & Cass, 2011) without providing positive steps forward.

Moore et al. (2006) gained the views of both YCs themselves and school staff in order to create a comprehensive view of Australian YCs' educational experiences. Negative factors associated with YCs' experiences of education were: poor attendance (50% of YCs reported having poor attendance), poverty affecting their ability to pay for books or trips, underachieving and bullying. Conversely, factors which contributed to YCs valuing school were: having time away from caring responsibilities, time to connect with others, developing a sense of belonging, receiving support and information from people who are understanding and the ability to learn and experience new things. It is therefore evident that education can be a safe haven or an escape for YCs if provided with the right environment and support. Similar themes have been identified by both Eley (2004) and Dearden and Becker (2003) in the UK though in less detail.

2.3 Rationale for the current study

As suggested by Cluver et al. (2012), in order to inform policy and legislation to support YCs, future research should be more focused on the risk and protective factors that help or hinder these young people in accessing education. Critique of the current research has been the anecdotal retrospective nature most of the studies adopt (Dearden & Becker, 2003). Most studies are conducted with YCs who are accessing support services which may not provide a representative account of YCs (Kennan, Fives & Kanavan, 2012).

Another critique of the current research body is the lack of a theoretical grounding from which to base the research. This study, therefore, used resilience theories (Rutter, 1985; Ungar, 2004) in order to explore risk and protective factors that help or hinder YCs in developing their school based resilience. These were studied through the YCs perspectives and within the context of education so as not to assume that these factors are relevant to other young people or across different contexts (Luthar, Cicchetti & Becker, 2000; Mordoch & Hall, 2002).

Comparisons were attempted between Young Carers in relation to age, gender and the illness or difficulty of their cared for relative. This is due to research suggesting that Young Carers' experiences may differ based on these factors (Moore, McArthur & Noble-Carr, 2011; Hamilton & Adamson, 2013).

2.4 Research Questions

The aim of the current study was to identify possible risk and protective factors to Young Carers' school based resilience and to address the lack of research into Young Carers' education more generally. The study, therefore, aims to answer the following overarching question:

1. What are Young Carers' experiences of education?

Within this overarching question, further specific questions were attempted to be answered:

2. What do Young Carers identify to be the main protective and risk factors associated with their education?
3. Does Young Carers' school based resilience differ according to age?
4. Does Young Carers' school based resilience differ according to gender?
5. Does Young Carers' school based resilience differ according to type of illness caring for?

3. Methodology

3.1 Ontology and Epistemology

This research was based in a critical realism perspective based on the stance that there are objective realities but these can be interpreted in many different ways to create many different subjective 'truths' (Bhaskar, 1998; Robson, 2011).

A sequential exploratory mixed methods approach was adopted (Creswell & Clark, 2006). This meant that qualitative information was collected and analysed first in order to inform further investigation using qualitative analysis.

3.2 Ethics

Ethical approval was sought and granted for this study by the Cardiff University School of Psychology Ethics Board. Ethical considerations will be discussed further in part 3.

3.3 Participants

All participants were recruited through YCs projects and support services, these were either voluntary organisations such as Barnardos and Action for Children or local authority based support services. Support services were initially contacted through telephone or e-mail and given the gatekeeper letter (Appendix 1). Those who showed interest were then sent the informed consent forms (Appendix 2 & 3) and asked to distribute them to the Young Carers being supported by their service. Due to the limited number of respondents, all those who responded took part in the research either in the focus group or the questionnaire.

Focus Group

Participants for the focus group were 6 participants from one urban YCs' project in Wales. Participants were between 13-18 years of age with 4 females and 2 males. Participants were all currently attending a mainstream school or had recently left. A range of experiences was represented in the focus group, from a primary carer of a mother with mental health difficulties to someone who provided occasional care for a mother with a physical condition.

Questionnaire

Nine Young Carers' support services responded to the initial request for volunteers. Questionnaires and consent forms were, therefore, sent to nine YC support services across Wales. Of the nine who volunteered, five support services returned questionnaires. 45 Young Carers completed the questionnaire.

3.4 Data Collection Methods

Focus Group

The focus group was conducted in the centre where YCs support groups were held in a quiet room. The focus group lasted approximately 50 minutes and was audio recorded after permission was sought from parents and young people. Open discussion was used to begin with as well as more individual activities to gain all participants' ideas of possible protective and risk factors (Appendix 6). Some themes were taken directly from the activities, but open discussion was transcribed and analysed using thematic analysis (Braun & Clarke, 2006).

Questionnaire

Once participants of the focus group had identified and agreed upon an equal amount of risk and protective factors, these were then transferred to a questionnaire along with one or two factors mentioned to be pertinent in the literature.

The questionnaire (Appendix 7) took the form of a 5 point Likert scale where a statement was given and participants were asked to rate how much this statement

related to their educational experiences. Guidelines for creating a questionnaire were taken from Robson (2011) and Cohen, Manion and Morrison (2007). The main recommendations were to ensure the questions were related to the research questions and to consider the language of questions very carefully. Questions needed to be simple, short, non-leading and should only ask things that the researcher believed participants could answer (Robson, 2011). This method of creating a questionnaire was chosen based on an exploration of the current research surrounding resiliency measures for young people (Ungar, 2004; Mordoch & Hall, 2002).

3.5 Procedure

Order of data collection	Measure	Relationship to research questions
1.	Focus group of YCs' experiences of education	RQ1
2.	Pilot of Questionnaire	RQ1, RQ2, RQ3, RQ4
3.	Administer Questionnaire	RQ1, RQ2, RQ3, RQ4

Once ethical approval had been given, Young Carer support groups across Wales (run by Barnardos, YMCA and Action for Children) were contacted in order to explore interest in taking part in the focus group. Two urban support groups responded with interest. Only one was able to provide the recommended number of 5 to 8 participants for a focus group (Krueger & Casey, 2014) and, therefore, participants were recruited from this support group. The other support group was kept in contact for the pilot project.

Following the focus group, the questionnaire was created ready for the pilot project. The questionnaire was then distributed to five participants, from one of the initial support groups contacted, as a pilot project.

Following the pilot project, further support groups across Wales were contacted and questionnaires were distributed to all who replied with interest. After approximately 6 months questionnaires were collected back from the support groups and analysed.

3.6 Analysis of Data

Focus Group

Some themes were taken directly from the activities, but open discussion was transcribed and analysed using thematic analysis based on Braun and Clarke's (2006) six step procedure. The specific steps taken are described in greater detail in appendix 8.

Questionnaire

Questionnaires were firstly analysed using descriptive methods. Comparisons were then attempted based on age, gender and type of illness (e.g. mental illness vs physical illness). After meeting the necessary assumptions (appendix 12), these groups were analysed using independent sample two-tailed t-tests based on guidance by Coolican (2014). These comparisons were done in order to explore suggestions that YCs' experiences differ according to age or illness of those being cared for (Hamilton & Adamson, 2013; Skovdal et al., 2009; Moore, McArthur & Noble-Carr, 2011).

4. Results

4.1 Focus Group

This section will outline the key themes from the focus group. Those chosen for the questionnaire will be highlighted at the end of the section.

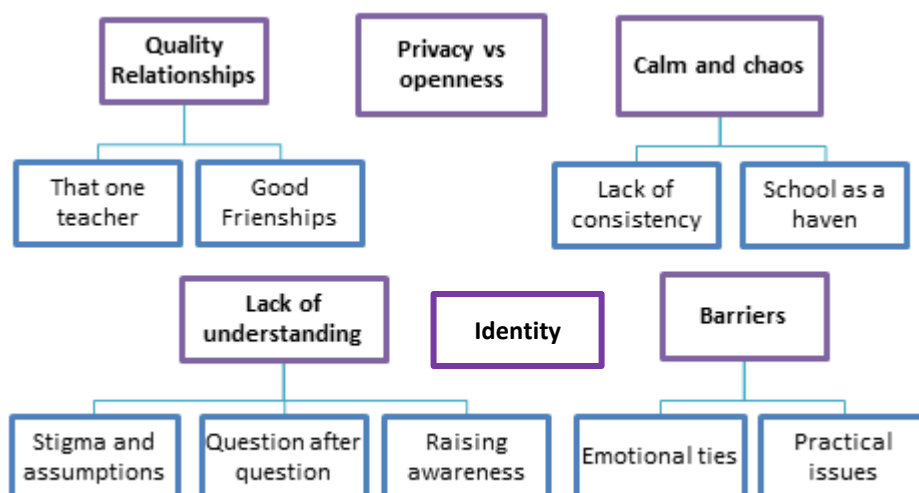


Figure 1. Thematic map showing superordinate themes and subordinate themes

Throughout the focus group the strength of these young people was reflected in their ability to support their own needs. Although some negative themes occurred during this focus group it became clear that these YCs did not want any pity, instead they wanted to move forward in a positive and practical way to support others in a similar situation to them. It is hoped that this is reflected in the six superordinate themes identified and the subordinate themes within them.

Superordinate theme 1: Identity

The first superordinate theme was present throughout participants' conversations. The sense that they had developed an identity for themselves that was unique and different as a result of having to negotiate their way through difficult circumstances. In primary school, they noted, they did not hold an identity of being a Young Carer. It was not until they reached secondary school that caring seemed to become part of their identity.

“it weren't until I was in high school I realised I was a Young Carer until I started coming here (support group), but in primary school I thought it was normal I thought every other kid looked after their parents.”

Another factor participants agreed upon was that although they are Young Carers and they are proud of it, they have other qualities too noting:

“like..it doesn't define you, it's not who you are.”

Participants also noted the importance of not treating all Young Carers the same, that although they share a similar identity, they all have different unique needs.

“when it comes to Young Carers...there's all different ones you can't really say 'this is a specific Young Carer' like we're all different we all look after different people in different ways..”

Superordinate theme 2: Quality Relationships

This superordinate theme is intended to reflect the importance YCs put on the quality of their relationships with others. Participants noted that due to various

factors finding quality relationships can be difficult. It also seemed that having one trustworthy, supportive relationship was better than many negative ones. Mainly participants alluded to having groups of friends where they felt judged or isolated if they were not able to take part in social activities. Participants noted that having one person who empathised with their situation and was understanding was enough to have a positive effect on their lives. Two subordinate themes emerged which were '*That one teacher*' and '*good friendships*'.

That one teacher

One of the reoccurring themes during the conversation with participants was the importance of their relationships with the teachers, whether these were negative or positive relationships. Some participants noted that teachers were 'understanding' once they knew about their situation. One participant had moved school and noted that her previous school would question her about her absences needing answers constantly, whereas her new school simply said "we're always here for you to speak to".

Participants also noted "teachers who don't care" as something which did not help in school. They described teachers who question them about absences and treat their explanation as an excuse rather than accepting their lives as difficult.

Participants also noted a great deal of empathy with teachers who are not explicitly supportive. One older participant noted:

"I also understand teachers who don't because they got to teach a lot of kids you know...they can't learn each and every one of their personalities....it's for our behalf really if we are upset to say, yeah I'm upset."

One key factor in their relationships with teachers was trust. For example one participant noted a protective factor as being:

"teachers being there for you....the ones that know you more...they know what you're going through...or like the one teacher that you speak the most to because you know you can trust them."

Good friendships

Participants noted one of the main things they liked about school was being able to see friends. Some participants noted being hurt by friends in the past. One participant noted:

“I used to have a good friend, but she told everyone and that’s why I left (old school) because I couldn’t deal with it”

Participants noted the diversity of Young Carers’ experiences with some having very limited friendships due to the demands of their caring responsibilities. This limited time to socialise meant that YCs were selective with who they chose to spend time, they felt that friends who understood were the only friendships they could maintain. One participant of a parent with mental health difficulties noted:

“her moods can change....that’s how I lost a lot of friends... ‘cause I’m going out next minute she would turn kick off start go nuts and then I can’t go out and leave her like this. My friends would say ‘oh you’re leaving me for someone else..’ and that would cause arguments you don’t need”.

YCs also described the benefits of attending Young Carers Projects for findings good friends who understand what they’re going through.

Superordinate theme 3: Lack of Understanding

The third superordinate theme denotes the participants’ insightful observations that many of the issues they face in schools are due to a lack of understanding of their circumstances, which can lead to stigma and negative attention. Participants were also able to come up with some practical approaches for combating this issue. This led to three subordinate themes: ‘*question after question*’, ‘*stigma and assumptions*’ and ‘*raising awareness*’.

Question after question

Participants felt that one of the biggest hurdles to them in their education was constantly being questioned about being absent or late and about their situation in general. Participants noted that this was an added pressure on their already stressful circumstances. They noted experiencing this from teachers, senior staff

and classmates. Participants also noted that even when they gave an explanation, they felt like they were not believed or teachers were not satisfied with the explanation. They described having to overcome multiple hurdles of questioning before being able to learn. One participant described coming to school:

“Why do you need to know?... I’m here now aren’t I ready to learn and you’ve just spent the last hour questioning me, and then you’ve got to walk in to the classroom and they’re like ‘oh you weren’t in yesterday..”

Participants noted that this sometimes led to animosity between them and the teachers due to YCs becoming defensive about their privacy.

Stigma and assumptions

Bullying and being judged was noted as a regular issue for participants. Despite this they treated it as ‘normal’ and noted that everyone got bullied at one point in their school life. Participants noted that other people, both teachers and pupils, would make assumptions based on their parents’ appearances at events such as parents evening. This would cause conflict between them and their peers due to a lack of understanding of diversity.

“they kept going on about it, my mum would come to parents evening and because she walks with a walking stick and everything they’ll just stare at her”.

Participants noted wanting to be treated like everyone else, despite the difficulties they encountered they did not want to be isolated or the ‘odd one out’.

“Obviously Young Carers even though we are different and we understand that, it’s like, we’re human.”

Raising awareness

Participants believed the best way to combat stigma and bullying was through raising awareness in various ways in school. They noted that if pupils and teachers were more understanding of the diversity within our society, Young Carers would experience less stigma. Participants wanted schools to teach pupils about the responsibilities of carers more generally so that Young Carers did not need to be identified and singled out. Young Carers did not, however, want support systems

that isolated them from their peers. One participant described the 'Young Carers Identity Card' recently introduced as:

“that’s a joke...that’s proper embarrassing, that’s like numbering yourself out you’re sat there with a colourful card “

Superordinate theme 4: Calm and chaos

The fourth superordinate theme reflects the inconsistency Young Carers faced within and sometimes across schools. Support systems that worked well within one school were not necessarily replicated in the neighbouring school leading to large discrepancies in participants' experiences. It also reflects the conflict Young Carers face daily at school, with some aspects of the school day being an escape or a 'release' for them and other aspects being frustrating. Two subordinate themes were identified – '*Lack of consistency*' and '*school as a haven*'.

School as a haven

Participants noted certain subjects were a 'release' for them and a chance to express themselves. Subjects such as drama, P.E. and dance were described as an opportunity to express their emotions in a safe and positive way.

“With normal subjects your just sitting writing, but with drama you’re doing..like..acting so you let your anger out kind of, and with PE you move around”

Participants also noted that break and lunch time was a great opportunity for them to socialise with friends as well as catch up on work. Conversely it was suggested that more difficult subjects and assessments led to added pressure on top of their already busy lives.

Lack of consistency

As briefly noted previously the lack of consistency across schools was apparent in the participants' descriptions as well as in the difference between their individual accounts. Some participants felt their school had allowed them a nurturing

environment where they were able to thrive, others felt isolated and that their schools did not care for them or encourage them to succeed. One participant had moved school and noted:

“(previous school) I had a rough time settling into...I was all over the place....I did have friends there but it’s a bit of a rough place like the teachers and stuff. But with (new school) because they’ve got high standards they want the best for everyone so they have nurture sessions like once a week and you express how you feel..”

Superordinate theme 5: Privacy vs Openness

A theme which occurred throughout the discussion with the participants was the constant conflict they feel between wanting to keep their lives private and wanting to share their lives. On the one hand they wanted the staff and peers at their school to know and understand what was going on in their lives, on the other hand they also wanted it kept private and separate from school. This is reflected in a quote by one participant, other participants showed strong agreement:

“Sympathy does my head in, like you saying it’s hard ain’t (sic) going to make it any easier so thank you but no thank you.... It’s a sore subject really ‘cause some people don’t mind talking about it and other people are really really like against talking about it.”

There seemed to be a strong link with theme 2: lack of understanding. Perhaps if the systems were in place to stop the stigma, assumptions and questions Young Carers would feel much more comfortable disclosing their situation.

Superordinate theme 6: Barriers

The final superordinate theme identifies the many barriers Young Carers face before even arriving at school every day. These are things beyond educational professionals’ control, however, it is important to consider them if we are to empathise and successfully support Young Carers when they are in school. Two subordinate themes were identified to represent the two types of barriers YCs face ‘*practical issues*’ and ‘*emotional ties*’.

Practical issues

One possible difficulty some participants had experienced was with transport and finances. Although most of the YCs were able to get to school quite easily, perhaps due to the urban setting, some had experienced difficulties. These difficulties may be exacerbated when these young people need to go to college, for example having to get more than one bus.

A couple of the participants also noted having to worry about family finances. One particular participant noted worrying about buying lunch at school after having to ensure there was enough basic supplies at home first.

“before you spend it on yourself, not really yourself like you said bus fare or food, you’ve got to kind of like make sure everything’s in the house like basics you need like milk, toilet paper, toiletries....you’ve got to have your mother head on first”

There also seemed to be a greater worry about cuts from the government and how this may affect them in terms of support for their families and for them accessing education.

“ she has carers that come down and help with the washing, take her out....but unfortunately the government are reducing those hours so she’ll only get that twice a week so I have to start doing more round the house now”

Emotional ties

Participants noted feeling stressed and worried when at school. They worried about their parents, particularly participants who were primary carers. They found school to be a mixture of emotions where it could be a haven from worry, but also they wanted to be at home ensuring their relative was safe and well. One participant even noted escaping to the toilets at school just to have some relaxation time.

“It’s just head stress over nothing and then they (school staff) expect you to do work and homework on top of that and they don’t even know what’s going on at home except that you’re a Young Carer.”

Many pertinent themes were identified throughout this study, however, this list is not exhaustive. To capture the essence of these Young Carers' experiences within such a small time frame was difficult and further research in the area would be beneficial, something which will be explored further in the discussion.

4.2 Risk and Protective Factors

The following risk and protective factors were chosen to be included in the questionnaire based on the literature and responses by Young Carers in the focus group. A draft list of factors was created initially based on those highlighted most frequently in the literature, these were then compared with responses given by participants in the focus group and most were found to be similar. Similar to those represented in the literature, the participants tended to choose factors which were environmental or relational as factors to promote their resilience rather than any innate within-person factor. They particularly emphasised the role significant people play in their lives, such as friends and teachers, and what these people can do to support them. This also supports the definition of resilience by Ungar (2004) which states that a person's surroundings, culture and personal circumstances are equally as important to their resilience as any personal trait.

Some additional factors identified from the literature but not mentioned by the focus group were kept due to their relevance. The following factors were, therefore, included in the questionnaire.

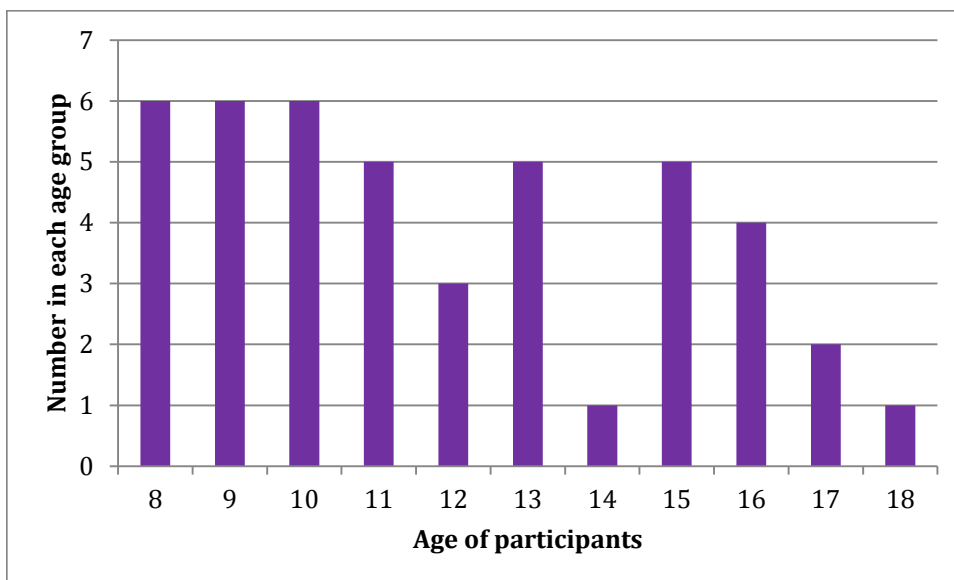
A supportive person to speak to	Bullying
Aspirations for the future	Good friends
Time and quiet space to do homework	Extra-curricular activities e.g. clubs
Teachers being flexible regarding deadlines	Told off/questioned for being late/not attending
Given breaks	Transport to and from school
Awareness amongst teachers and pupils of Young Carers' role	

4.3 Pilot Project

Five Young Carers between the ages of 8 and 18 took part in the pilot project from one urban Young Carers project. Questionnaires were completed with the support of a project worker. Questionnaires were deemed to be appropriately worded, as long as there was a project worker available to help the younger participants with some questions. These questionnaires were, therefore, included in the overall analysis.

4.4 Questionnaire

Forty five participants completed the questionnaire in total. Of these respondents 14 were male and 31 were female. Some participants did not fully complete the questionnaires, this missing information will be reflected in the amount of participants in various statistical analyses. All respondents were from Young Carers projects and ages ranged from 8 to 18. The distribution of the ages of participants can be seen in the graph below.



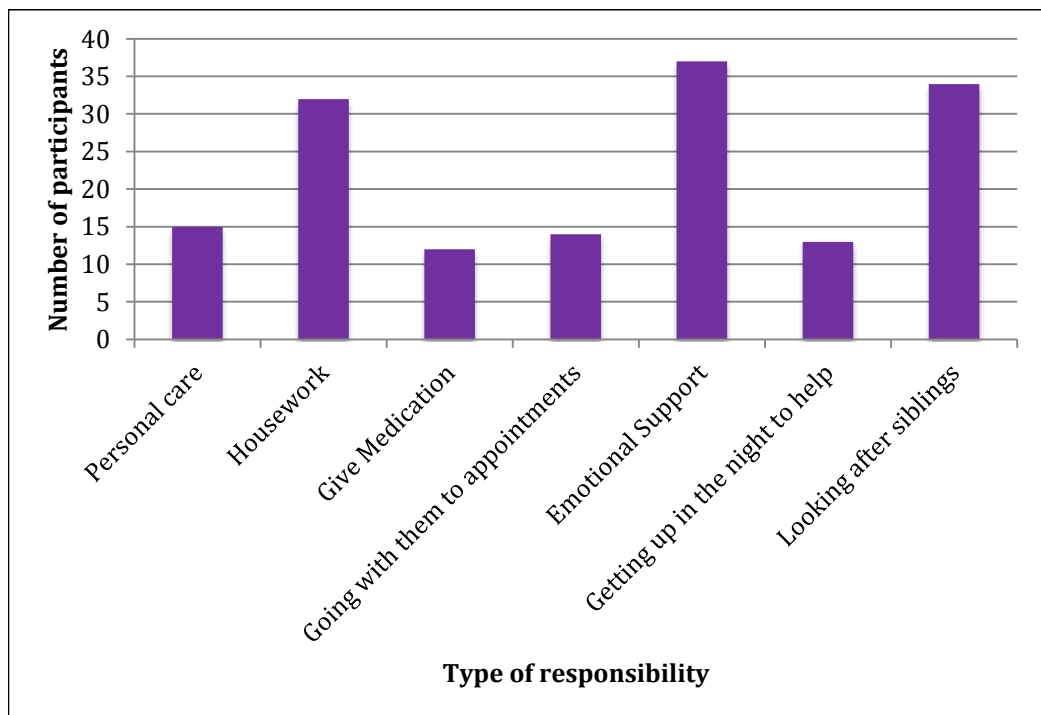
Graph 1. Distribution of Young Carer respondents' ages.

Based on which categories participants selected, they also varied in terms of the difficulty or illness their relatives had. The specific figures can be seen in the table below.

Type of illness	Number of participants
Mental health difficulty	4
Physical disability or long term illness	18
Both mental and physical illness	6
Learning Disability	9
Learning and physical disability	4

Table 1. Participants' distribution in terms of illness/difficulty of cared for relative.

Participants reported undertaking a range of caring responsibilities. Most participants noted doing housework, providing emotional support for their relative and caring for a sibling. Personal care and giving medication were less frequently reported, however, some participants were undertaking such tasks. This suggests that some participants could be considered to be 'primary carers' for their relatives, whereas others may have been providing support alongside another family member.



Graph 2. Participants' reported caring responsibilities.

RQ1. What do young carers identify to be the main protective and risk factors associated with their education.

As was suggested during the focus groups Young Carers' experiences of education, particularly the amount to which they engaged with protective and risk factors and their school based resilience respectively, varied greatly.

In terms of possible protective factors, of the participants who responded around 67% reported there was someone at school they could talk to. 68% had a clear idea of what they wanted to do after leaving school and 75% had time and space to do their homework or revise. 85% reported having good friends at school and 82% could transport to school easily, as reported by both urban and rural based participants.

In terms of possible risk factors 45% reported having experienced bullying and only 40% believed their school understood what it meant to be a Young Carer. Only 34% felt teachers were flexible about homework and deadlines and 25% reported they were often told off or questioned for being late. Around 46% took part in extra-curricular activities and only 32% reported being given breaks during the day to phone home or relax.

Despite a mixture of results highlighting the presence of both protective and risk factors, 67% reported they were happy overall with their education.

RQ2. Does Young Carers' school based resilience differ according to age?

Results suggested that older Young Carers (those between 13 and 18) reported significantly more risk factors and significantly less protective factors than their younger peers (those between 8 and 12) $t(41) = -3.166, p < 0.05$ suggesting lower overall school based resilience.

Each factor was individually analysed and older YCs also differed from their younger peers in terms of:

- teachers' flexibility around deadlines, $t(41) = -2.105, p < 0.05$;
- attendance in extracurricular activities, $t(41) = -2.024, p < 0.05$ and

- ease of transport to school, $t(41) = -2.962$, $p < 0.01$.

Older Young Carers were also significantly less satisfied with their education as a whole than their younger peers $t(42) = -4.235$, $p < 0.01$. One other factor that approached significance but failed to reach a significant value was in being disciplined or questioned for being late. No other factors differed significantly in terms of age based on YCs' responses. These results may suggest that the older Young Carers get, the more negative their experiences of school become.

RQ3. Does Young Carers' school based resilience differ according to gender?

All comparisons of risk and protective factors based on gender failed to reach significance ($p > 0.05$). This would suggest that both male and female participants had similar levels of school based resilience in terms of risk and protective factors.

RQ4. Does Young Carers' school based resilience differ according to type of illness caring for?

The aim was to analyse Young Carers' responses based on the illness or difficulty of the person they cared for. Unfortunately due to the skewed quantities in certain groups an assumption of heterogeneity of the sample was not met. It was, therefore, difficult to conduct accurate analyses. Although some comparisons approached significance it would be inaccurate to report them as significant results.

Despite some statistically significant results during analyses, due to the low sample size and cross-sectional nature of the study these results should be interpreted with caution and may not be easily generalised.

5. Discussion

5.1 Discussion of results

This study aimed to explore Young Carers' experiences of education. The study used theoretical perspectives on resilience as a way to view Young Carers' education. This discussion will explore the results of the study in relation to previous research and literature. The complexity of the results highlights Young

Carers' uniqueness and also the variation in protective and risk factors that these Young Carers display.

The current study reflected other studies in terms of YCs' statistics. For example there were more girls than boys, most YCs cared for a relative with a physical illness or disability and the most common type of care was housework (Dearden & Becker 1998; Dearden & Becker, 2004).

Results of the questionnaire were relatively positive which may reflect suggestions by some that YCs find school to be a break from their responsibilities at home (Lackey & Gates, 2001; Gates & Lackey, 1998), nevertheless only 67% noted being happy with their education. Despite the relatively positive overall findings, the results support other studies that suggest stigma and bullying are prominent factors in YCs' lives (Pakenham & Cox, 2012; Moore & McArthur, 2007; Alasuutari & Jarvi, 2012). Interestingly YCs in the focus group often associated bullying with friendships, or the lack of them. Despite this most respondents to the questionnaire noted they had good friends at school, which somewhat contradicts previous research (Aldridge & Becker, 1994). This may be due to the work of Young Carers projects in schools or more effective pastoral support within schools. As was suggested by Pakenham and Cox (2012) Young Carers in the current study noted that using peer support groups would be an effective way of reducing stigma and bullying.

Many YCs, particularly in the focus group, noted that they were often disciplined and questioned rather than supported. This has been referred to in previous research (Aldridge & Becker, 1993a; Aldridge & Becker, 1993b; Rose & Cohen, 2010) which perhaps suggests that awareness of YCs in schools has not progressed much in recent years. This was reflected in the questionnaire results with only 40% of participants believing their school understood what it meant to be a Young Carer.

Another theme suggested by previous research (Rose & Cohen, 2010) is the conflict YCs face in not wanting to discuss their private lives with schools but also

feeling angry at the lack of awareness. This conflict was seen in the current study, particularly in the theme '*privacy vs openness*' where there seemed to be a sense of an internal conflict for YCs. As was suggested by Banks et al., (2002) until YCs feel comfortable disclosing to services, not much will change in terms of support.

This study found no gender difference between YCs' experiences which conflicts with Cree's (2003) assertion that female YCs reported more problems at school. In the current study, however, older YCs noted significantly more negative experiences of school than their younger peers. This supports Hamilton and Adamson's (2013) results which suggested that older YCs reported much more physical and mental health issues than younger YCs. This may be due to the increase in responsibility YCs experience when they get older (Aldridge & Becker, 1993a).

5.2 Strength and Limitations

Although there are strengths and limitations to this study, it is difficult to separate them as some of the limitations could also be considered strengths. One limitation was the lack of heterogeneity in the sample. All participants in the study were attending Young Carers projects. It could be argued that these YCs have different experiences to those who are not receiving formal support. Unfortunately due to the hard to reach and private nature of Young Carers (Kennan, Fives & Canavan, 2012) it was difficult to ethically find participants in any other way. Despite this limitation, it could be argued that these Young Carers who are already accessing services have high resilience and, therefore, may be well placed to identify educational risk and protective factors.

A second limitation of this study is the lack of validity and reliability of the questionnaire due to its originality. The questionnaire was created and personalised specifically for Young Carers, which means it cannot be assumed to be a reliable measure. Similarly this measure does not have external validity as the results cannot be easily generalised. Despite this, it could be argued that the measure did have internal validity. As it was created alongside the very people it

was meant for, it could be proposed that this is the most accurate way of ensuring it measures what it's supposed to be measuring.

One restrictive limitation of this study was the relatively low sample size and lack of equal participants in terms of the illness or difficulty of the cared for relative. Some of the comparisons, for example between Young people who cared for a relative with a mental illness or young people who cared for a relative with a physical illness, could not be done due to the small numbers in certain groups.

In terms of the focus group one possible limitation was the lack of equal participation within the group. Some participants contributed much more than others, with some participants only contributing when directly asked. This may have skewed the themes of the focus group slightly, however, the themes did seem to match those mentioned in the literature previously.

The main strength of this study, which could be argued counteracts some of the limitations, is the participatory approach that was taken. Young Carers were consulted throughout, from the generation of the questionnaire, through the pilot group to the administration of the questionnaire. The questionnaire was created in order to be relevant and personal to Young Carers' circumstances in education specifically.

5.3 Suggestions for future research

Due to the dearth of research in this particular area, there are many directions for future research to take. To continue from this study one interesting research area would be to compare the educational experiences of YCs to non YCs. From there it would be possible to explore whether YCs identify the same risk and protective factors as non YCs and the degree to which they differ in terms of school based resilience. Other research could focus on school staff perspectives or relatives' perspectives of YCs' education. In terms of exploring Young Carers' school based resilience in particular, it may be beneficial to compare the results of a personalised questionnaire such as in this study with a standardised resilience measure.

5.4 Implications for Educational Psychologists

Young carers are becoming increasingly discussed in legislation, evident by the England (HM Government, 2008) and Wales (Welsh Government, 2013) Carers Strategies, which include a section on YCs specifically. Both of these papers make specific reference to the importance of supporting these YCs through multi-agency working, which includes education. YCs have also begun to become focused on by educational bodies such as Ofsted (2009).

In 2012 the Welsh Government listed YCs amongst children considered to have additional learning needs (WAG, 2012). Along with the current developments in Educational Psychologists' (EPs) practice, it is becoming increasingly important to evaluate a child's need and become an advocate for them rather than assess their difficulties (Fox, 2015). It is argued here that EPs may, therefore, play a part in evaluating these YCs' needs in order to ensure they are supported appropriately in education.

On a basic level, these results provide EPs with background information about the type of difficulties Young Carers may face at school. On a deeper level EPs may be able to use this information to raise awareness amongst schools of the issues YCs face in school as well as aiming to improve the resilience of these young people through systemic change. EPs could encourage schools to increase the specific protective factors that promote Young Carers' resilience in school. Simply discussing such factors and raising awareness around these factors could be a powerful agent for change.

6. Conclusion

To conclude this study aimed to provide Young Carers with a voice in order to provide an insight into the best way to support this unique group of young people. Specific risk and protective factors to Young Carers' school based resilience were identified and explored. Young Carers noted protective factors such as having good friends, having a supportive person to speak to and taking part in extra-curricular

activities. Some risk factors identified included bullying and being disciplined for absences or lateness. It was also found that older Young Carers seemed to have more negative experiences of school than their younger peers. Specific factors were discussed in detail and it is hoped that these very factors can be used in the future to support and facilitate Young Carers' resilience so they are able to fulfil their potentials at school.

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**Exploring Young Carers' School Based Resilience:
A Focus on Risk and Protective Factors**

Part III: Critical Reflection

1. Introduction

This section of the research project aims to present reflections around the research process. Specifically it will be split in two sections to explore contribution to knowledge and a critical account of the research practitioner. Parts of this critical appraisal will be presented in the first person in order to show the personal reflections I came across along the research journey.

This study aimed to explore Young Carers' educational experiences with a particular focus on their school based resilience. Towards this aim a participatory mixed-methods approach was taken in order to explore Young Carers' self-identified risk and protective factors which help or hinder them fulfilling their potential in education. For the first part a focus group was conducted in order to gain a detailed account of Young Carers' experiences of education. One specific aim of this focus group was to identify several risk and protective factors that Young Carers believe affect their education. This information was then used to create a questionnaire which was then distributed more widely to gain some more information. One of the main hopes of the research project was to encourage the young people to remain at the centre of the study and for this to be successful a participatory approach was adopted.

2. Contribution to knowledge

2.1 Initial conception of the research topic

The initial research area for this research project was bred from my interest in the way children who are described as 'vulnerable' progress and even flourish in their lives despite adversity. Following from my work in a secondary school in a low socioeconomic status area, I found that many young people showed strong and resilient commitment to their education despite some difficult circumstances in their lives. I was, however, mindful that this was a very broad area of interest and that I needed to narrow my focus somewhat. By reading an array of literature, the search brought me to focus on articles discussing children in care. Despite this

being an area of interest for me both professionally and as a researcher, I felt that these young people had gained a lot of attention within the literature and that perhaps there was another group of young people who needed to be given a voice.

Through my work as an applied psychologist, working with schools to facilitate change through the use of Psychology, I began to hear and come across a group of young people described as 'Young Carers'. These young people seemed to take on countless tiring tasks at home with very little support from services and were still able to survive, if not thrive, at school. It seemed, through a superficial literature search, that this was an under researched area with very limited information on this group's strengths, resilience and certainly very little pertaining to their educational experiences. Additionally most of the research was found in sociology, nursing or medical journals and very little was found in psychological journals. Critically only one article pertaining to Young Carers' experiences was found in an Educational Psychology journal (Doutre, Green & Elliott, 2013) which highlights the dearth of research in this particular area. Through this discovery it was decided that giving Young Carers a voice and exploring their resilience at school would be a valuable piece of research which would contribute to many areas of knowledge both in the research and education field.

2.2 Contribution to knowledge in Young Carers research

One Young Carer in the focus group of the current study asked why I had chosen to do my research with Young Carers. This caused me to think about the impact such research might have on their lives and other Young Carers' lives. I explained that I believed they were underrepresented in the research literature and that I felt it was important for them to be able to discuss the best ways people can support them. I have, therefore, hoped to base this section on why I believe this research will be important to them and the impact it will have on them personally.

Firstly it is hoped that this research can build upon and somewhat support the research conducted by prominent researchers in the field by highlighting the profiles of these young people (Aldridge & Becker, 1993a; Becker, Dearden &

Aldridge, 2000; Dearden & Becker, 2004). It is hoped that the current research project will bring to the forefront information such as the age range of Young Carers, the type of illnesses or disabilities they care for, as well as the types of task they undertake. Although it is argued that awareness around young people as carers in the United Kingdom has grown since the 1980s (Dearden & Becker, 1998), it is important to keep this awareness growing rather than rest on the current situation or even let it deteriorate due to lack of resources or finances (Norman & Purdham, 2013).

Secondly the current research project provides a rich picture of information about how to support these young people in their education. Although some researchers have briefly discussed ways to support Young Carers in their education as part of a more general study (Dearden & Becker, 2003; Thomas et al., 2013), focusing on their education specifically had only been done in a small number of studies (Moore et al., 2006; Eley, 2004). I found it somewhat surprising that so little in-depth research had been conducted on Young Carers' education despite the increase in attention on Young Carers in legislation in previous years and the possible protective value education could serve for these young people.

This study supported previous studies in identifying factors which hindered Young Carers accessing education such as bullying and being questioned or disciplined due to absences or lateness. As well as factors which hindered them in their education, the current study highlighted protective factors such as having good friends, a supportive person at school and accessing clubs or extra-curricular activities. It is hoped that these details can be considered in future when planning policies and practice in order to provide a personalised support system for these young people.

RQ1. What do young carers identify to be the main protective and risk factors associated with their education.

Much of the current results pertaining to risk and protective factors associated with Young Carers' education support what has already been suggested in the literature. Young Carers noted that quality relationships with teachers and friends,

extra-curricular activities and clubs and teacher flexibility were protective factors for them. Risk factors noted were bullying and stigma, difficulty with money and transport, and being disciplined or questioned for being late to school. The focus group and questionnaire results provide a rich picture around these factors relating to the degrees to which participants thought they were relevant. This will contribute more detailed knowledge to the broad information already established in the Young Carers literature. Despite this, there are still many further questions that could be asked about Young Carers' education, ones that I hope I will be able to ask with future research.

RQ2. Does Young Carers' school based resilience differ according to age?

This research question was analysed using quantitative methods which indicated that older Young Carers rated significantly less protective and more risk factors than their younger peers. As well as differing on overall school based resilience, they also differed significantly on certain factors. These results will contribute to the suggestions within the literature that Young Carers differ in their experiences in terms of age; particularly that older Young Carers (defined in this research as being between 13 and 18 years old) show more negative experiences (Hamilton & Adamson, 2013).

RQ3. Does Young Carers' school based resilience differ according to gender?

There were no significant effects of gender according to the statistical analyses. The literature does not suggest that Young Carers' experiences differ due to their gender and, therefore, this research supports this. It was valuable to conduct this analysis in order to find that although Young Carers are unique in their circumstances, they may have similar experiences of education.

RQ4. Does Young Carers' school based resilience differ according to type of illness caring for?

Unfortunately, although there were some suggestions of significant effects based on the type of illness these young people were caring for, the small sample in some sub-categories limited these analyses' power. These results, therefore, cannot contribute to other research that suggests differences between Young Carers'

experiences based on whether they care for a parent with a physical or mental illness (Moore, McArthur & Noble-Carr, 2011).

Despite some interesting findings in these quantitative analyses, generalisation to the Young Caring population needs to be considered very carefully for a couple of reasons. Firstly the relatively small sample size may limit any conclusions from being made. Similarly the amount of participants in some groups (e.g. children caring for a parent with a mental illness) was much lower than in others which made statistical comparisons difficult. Lastly no comparison was made with a non-caring population and, therefore, these results may be representative of all young people and may not be unique to Young Carers.

2.3 Contribution to knowledge for Educational Psychologists and other professionals

Educational Psychologists (EPs) were previously seen as gatekeepers to statutory assessments for children with special educational needs (SEN) specifically (Fallon, Woods & Rooney, 2010). In recent years, partly due to ever changing legislation and policies, EPs have been more involved in systemic multi-agency working as well as therapeutic work over and above simply providing assessments. The introduction of the new Special Educational Needs and Disability Code of Practice (Department for Education, 2015) in England and soon to be similar legislation in Wales encourage the focus on need and ways of supporting young people rather than the bureaucratic process.

Some may argue that Educational Psychologists may not come into contact with Young Carers in their day-to-day work unless they are believed to have SEN. This, of course, could happen and an increase in the understanding of experiences of Young Carers may provide some new hypotheses for Educational Psychologists to work from should this be the case. There are many indirect ways, however, that Educational Psychologists may come into contact with Young Carers which may not necessarily be due to them being identified as having SEN. Aldridge & Becker (1993b) noted that Young Carers are often identified due to being punished for their absences and therefore referred to welfare officers. In extreme circumstances

these young people could become non-attenders, even at this point most Educational Psychologists may not necessarily be part of the change process. It is argued, however, that Educational Psychologists have a vital role in supporting these young people succeed in school. Particularly, more Educational Psychologists are taking part in multi-disciplinary spheres (Gaskell & Leadbetter, 2009), a method of support that was echoed throughout the Young Carers research as the most effective way to support these young people.

One participant in the focus group noted she would often show her stress and worry through aggressive behaviours, which often resulted in her being disciplined. It may be that a Young Carer may be referred to an Educational Psychologist as a child with emotional behaviour difficulties without the school having any knowledge of their circumstances. In this circumstance it may be the Educational Psychologist's role to construct hypotheses based on information and explore them accordingly and sensitively. If Educational Psychologists had prior knowledge of Young Carers based on sound research, it would provide a more solid basis to work from to support these young people. It is hoped that this research project is the start of many more studies into the educational lives of these young people, which in turn may increase their likelihood of gaining support.

Another, more serious, avenue through which Educational Psychologists could come into contact with Young Carers is if these young people are taken into care. This could be due to social services intervention or through the death of their cared for parent or guardian. One participant in the focus group noted that she had been taken into care but the reasons why were not explored due to a decision not to delve into details the Young Carers did not voluntarily share. This particular Young Carer noted that prior to her going into foster care, she had received no support from the education system but after becoming a looked after child she received an abundance of support. Although this is one young person's account, it is a disheartening realisation that a Young Carer may have to enter the care system before he/she is provided with effective support. As Educational Psychologists one of the main areas of our work is early intervention and prevention work, it could

be argued that supporting Young Carers early on in their educational lives on whatever level is more effective than waiting until 'crisis point' to provide support.

2.4 Contribution to personal knowledge as a researcher and a practitioner

The results of the current research project have and will contribute to my knowledge as both a researcher and an applied psychologist. Not only will the results contribute to increased knowledge around the subject at hand but also my knowledge about the process of conducting research. Initially I was nervous about conducting such a large scale piece of research, particularly with such complex methodology. I also felt pressure to produce a piece of work that was meaningful and would contribute to the world of Educational Psychology. Throughout the process this pressure helped me carefully plan and ensure that this piece of research was true to my own motivations and belief systems. Despite this being a strength, it was also important for me to maintain a degree of neutrality as a researcher so as not to get too enmeshed in the research.

One particular skill that will be useful in my professional life is the way in which I had to deal with frustrations that arose when trying to keep young people at the centre of the process. The way in which I chose to deal with this will contribute to my development as an Educational Psychologist. In my role as a Trainee Educational Psychologist I have sometimes found it easier to follow the consultation approach (Wagner, 2000) without ensuring that the voice of the child is heard thoroughly in the change process. From my experience conducting this research I have been reminded of the value of gaining the views of children and young people. The strength and insight these young people have shown has been invaluable and I hope that this will continue to motivate me to always find the child's voice amongst the, sometimes, chaotic change processes.

During the write up of the research project, a consultation arose in a school where a young boy caring for his siblings was discussed. He did not, nor did anyone else, identify or label himself as a Young Carer although undoubtedly he was undertaking caring responsibilities. The knowledge I had gathered from the young

people taking part in the current study gave me a sound grounding from which to sensitively discuss the difficulties this young person may be experiencing and to find ways to support him. I was able to carefully consider what factors may be influencing his resilience in education and discuss these tentatively within the consultation. Not only this but through the process of research I had built a relationship with the local Young Carers project, with careful discussion I was able to put the school in touch with the project in order to gain support for this young person.

3. Critical account of the research practitioner

3.1 Researcher's positioning

The importance of exploring my ontological and epistemological position was clear from the beginning of the research project. This was an area that was a source of confusion for me not only due to the complexity of the terminology but also due to the conflict between my previous experiences and my current practice. My experience as an undergraduate Psychology student was based very much in the empiricist approach and, therefore, I was relatively comfortable with quantitative experimental methodologies. Since becoming a Trainee Educational Psychologist (TEP) my practice has been embedded in the constructionist approach at the centre of a process that seeks to gain key stakeholders' constructions in a bid to create and explore hypotheses (Rhydderch & Gameson, 2010). These are clearly contrasting approaches and as I progressed through the planning process of the research project I found myself sitting somewhere in the middle.

From this point, a critical realist perspective was chosen for this research. A critical realist ontology argues that objects can be seen both objectively and subjectively to a limited extent (Nightingale & Cromby, 2002). The critical realist ontology argues that there may be an independent reality open to interpretation. Experiences and observations are "generated by underlying, relatively enduring structures, such as biochemical, economic or social structures" (p.45, Willig, 1999a) and there are many different interpretations, or constructions, of these

structures (Burr, 2003). It has been argued that critical realism is the most inclusive ontological perspective as it is able to accommodate the views of other competing positions (Bhaskar & Danermark, 2006).

Critical realism is compatible with a range of research methodologies as it is flexible depending on what is being studied and what researchers are aiming to explore (Sayer, 2000). This position also accepts that social systems are complex and, therefore, the methodologies used need to be flexible and non-prescriptive (Sayer, 2000). The current research used a flexible participatory method to reflect the complex nature of the young people's lives, which sits well within the critical realist perspective.

A critical realist approach meant that the current research's aim was to find out what mechanisms were occurring to produce particular events (Robson, 2011), specifically which educational protective and risk factors were interacting to encourage school based resilience in Young Carers. This research did not, however, set out to find one true reality, instead it was important to discover the young people's interpretations of the structures in their lives. It was also felt that a critical realist perspective reflected the construct of 'resilience' adopted in this research; that 'resilience' is a mechanism that is believed to exist but is open to various interpretations dependent on context and social relationships.

3.2 Methodology

From this critical realist position I decided that a mixed methods approach was suitable. Having had a lot of experience with quantitative approaches in my undergraduate degree and very little experience of qualitative methodologies it would have been natural for me to follow a quantitative approach. I wanted, however, to gain a richer picture of the research questions at hand which led me to use a mixed-methods approach. In order to answer the first two research questions I felt it was important to gain a more detailed account of Young Carers' educational experiences and for this I chose a qualitative approach. In order to further explore Young Carers' educational risk and protective factors and to answer the other three research questions I felt that an additional quantitative

approach would be beneficial. Most of the current research on Young Carers use broad qualitative approaches to gain anecdotal evidence of their experiences and, therefore, I believed that adding a quantitative element to the research may further strengthen the findings.

A focus group was chosen for the first section of the research in order to generate an interactive conversation around factors that helped or hindered Young Carers in their education. A focus group was chosen over individual interviews due to the interactive approach and the ability to be more flexible in following the participants' agenda (Cohen, Manion & Morrison, 2007). It was also felt that a focus group with their peers would be a more comfortable place for Young Carers to discuss their education. The questions for the focus group were open ended (Appendix 6) in order to allow the participants to discuss their experiences freely without constraints. I also felt, throughout the focus group, that it was important to allow Young Carers to speak about their concerns and to ask questions around these things rather than have to constantly redirect them back to specific questions. This could be argued to be a flaw of the focus group and perhaps with further experience in qualitative research I could have held a better balance between asking the right questions and allowing Young Carers to speak. Additionally some participants of the focus group contributed much more than others, with some participants only contributing when directly asked a question. This may be a critique for using focus groups, however, the information that was provided by those who contributed was valuable. Participants also seemed comfortable knowing they could exchange ideas in a place that was familiar to them with people who they considered to be their friends.

In future research using focus groups, there would be many useful strategies that I would consider adopting in order to generate a more successful data set. Firstly it would be beneficial to build rapport with the participants prior to the focus groups in order to learn about their individual strengths. This may have helped make the focus group a little more equal in terms of knowing which participants needed some more encouragement or alternative strategies in order to present their views equally. In addition to this it would be beneficial to have some more activities

which did not require verbal feedback. Perhaps if the participants were given more opportunities to write their thoughts down individually, a broader range of opinions could have been represented. Lastly, although one benefit of using a focus group was the ability to be flexible, perhaps in the future I would aim to ensure that all the questions were asked and all participants given time to answer them rather than following the participants' lead on all occasions.

For the second section of the research a questionnaire was formed from the themes emerging in the focus group. During the planning stage of this project, the use of previously established resilience measures was carefully considered but then disregarded. Some researchers argue that the use of general resilience measures raises the question whether they are actually measuring resilience or a different concept depending on the person answering the questionnaire (Windle, Bennett & Noyes, 2011). It was decided that creating a questionnaire alongside the Young Carers would not only empower them to feel part of the research, but would also highlight some new factors specific to them which may not be represented in validated measures of general resilience. It could be argued that the use of a focus group to develop the questionnaire could increase its internal validity. It cannot, however, be argued to have external validity as it is not a standardised questionnaire and therefore the results cannot be generalised to other populations. The focus group was helpful in ensuring all relevant factors for the service users being studied were included (Powell, Single and Lloyd, 1996). A Likert scale design was chosen for the questionnaire. One argument against the use of Likert scales is that they depend on the reader's interpretation of the descriptive given (Cohen, Manion & Morrison, 2007). Likert scales, however, have been suggested to be particularly useful with children as they find them easier to use than other types of scales (Laerhoven, Zaag-Loonen & Derkx, 2004). It was, therefore, important to pilot the questionnaire with a group of Young Carers to ensure the wording was easily understood.

Using such complex methodology was a risk, particularly by using a new measure created solely for this research. It is this complexity, however, that I argue makes the research a success in that it highlights an original way of conducting research

that is not tied to the usual constraints. Using creative ways to design research seems particularly apt when trying to maintain the voices of young people and to contribute new knowledge to an area.

3.3 Pilot Project

Once the questionnaire was created it was piloted with five Young Carers selected by the Young Carers support worker with the inclusion criteria that they needed to be a broad range of ages between 8 and 18. It was hoped that conducting a pilot project would help ensure the questionnaire was appropriate for the young people involved, particularly due to the range in ages and reading levels of the participants that may be taking part. The pilot project proved to be very useful as the questionnaires were administered closely with a designated support worker. This meant that any difficulties or queries highlighted could be fed back through the support worker. No specific changes were needed to the questionnaire and, therefore, these questionnaires were included in the final analyses.

3.4 Data Analysis

For the focus group data Thematic Analysis was chosen as a method for analysing the data. Thematic analysis was chosen due to its flexibility and freedom from being guided by any particular epistemological position (Braun & Clarke, 2006). Due to the critical realist approach decided upon for this research, it was important that the qualitative section of the research was not tied to any theoretical grounding and that the results could be defined independently of, for example, a constructivist theory. This is why Thematic Analysis was chosen over other methods such as grounded theory (Glaser, 1992) or Interpretative Phenomenological Analysis (Smith & Osborne, 2003). As noted previously qualitative research was a relatively new area for me as a researcher and Braun and Clarke (2006) argue that the flexibility of Thematic Analysis lends itself well to researchers new to qualitative analysis.

An inductive approach was taken for the analysis as it was important to note all key themes which came out of the discussion, not just those related to the particular research questions. The focus group data was analysed using a semantic approach, as it was important to capture the voice of the young people and to interpret this accordingly. I felt that using a latent approach, where the researcher aims to theorise about the meaning of themes, may 'put words into their mouths' and I may have found meanings that were not supported by the Young Carers themselves. Braun and Clarke's (2006) six step thematic analysis was used to guide the analysis process, the specific steps taken are outlined in appendix 8.

I transcribed the focus group recording in the immediate days following the focus group. This was done in the hope that the small details would be remembered and vital information was not missed. Transcription was difficult due to the mix of voices often talking at the same time. To try and combat this I had used two recording devices at separate areas of the table, this was very beneficial when it came to checking transcriptions.

In order to analyse the quantitative information in the questionnaire, I ensured that I did not put any pressure on myself to conduct parametric analyses unless it was appropriate. This was a conscious decision in order to ensure that my experimental background did not bias the way in which I interpreted the data. Luckily the return rate of the questionnaires was relatively good which meant that some simple statistical analyses were able to be conducted. Despite this, I felt it was important to place similar importance on descriptive information from the questionnaires in order to get a more detailed account of these young people's experiences. If anything the descriptive information gained is more valuable and insightful than the results of the statistical analyses as it provides more detail about the specific factors that we can consider when supporting Young Carers.

3.5 Ethical Concerns

There were many ethical concerns to consider particularly as the research was being conducted with a relatively vulnerable group of young people. Factors such

as informed consent, child assent and confidentiality are vital to consider when conducting research with children (Felzmann, 2009). I was particularly concerned about the ethical application process due to the sensitive nature of these young people's circumstances. Through careful consideration and supervision I aimed to ensure that all ethical issues were considered and addressed appropriately. The ethical application process was relatively straight-forward once specific issues were suitably addressed during the ethics application to the university.

One particular issue that was a restrictive factor in the current research project, and anecdotally other research projects with Young Carers, was parental informed consent. The British Psychological Society (BPS) code of human research ethics (2014) notes that the parents of any young person under the age of 16 should be given the opportunity to withdraw their child from the study. The university, however, required parents to actively consent to the research project before their child was able to take part. This posed an issue for this particular population, as it could be argued that these parents may have various barriers preventing them from being able to give true informed consent. Additionally these children are taking on adult responsibilities on a daily basis and, therefore, could be argued to have a higher degree of autonomy than other young people their age. Despite these arguments I understood that as a Trainee Educational Psychologist I was bound by the ethical guidelines of the university and, therefore, the research was conducted with the premise of obtaining parental informed consent. Thankfully support workers from the Young Carers projects were extremely diligent in their efforts to support these parents in giving consent through clear communication with them.

3.6 Recruitment

It was predicted, and ultimately found, that recruitment was particularly difficult for this project. This was due to comments in other research with Young Carers noting the difficulty in recruiting Young Carers, particularly those who are not accessing services (Kennan, Fives & Canavan, 2012). Asking young people who undertake these responsibilities, but who may not identify themselves as being Young Carers, could pose a serious ethical issue. Due to these concerns it was

decided that all participants would be recruited from Young Carers projects where all young people attending identify or at least understand the term. These young people also have constant access to support through various project workers, a factor which supported the ethical structure of the current project.

One particular reason for the difficulty in recruiting, as suggested earlier, was the requirements of each participant to gain parental consent rather than assent. Gatekeepers throughout the research noted their frustration at having to gain parental consent for children who were very capable of consenting to things themselves, particularly when all questionnaires were anonymous. Gatekeepers also noted that if parental consent was not needed, they would have been able to recruit a vast amount more participants than they were able to. This poses a question about the representativeness of these participants particularly with regards to the lack of young people caring for a relative with a mental illness represented in the sample. It may be that these parents are less able to provide consent or that their children are less willing to ask for it than others resulting in a skewed sample. This difficulty will continue to be the case and unfortunately these young people's voices will continue to be underrepresented unless these Young Carers are viewed as having capacity to consent for themselves.

Another possible reason for the difficulty in recruitment was the way in which these projects work. Firstly it was very difficult to gain contact with the projects, perhaps due to busy schedules and lack of face-to-face contact on my part. Secondly when I had gained contact with projects, it was very difficult for them to be able to administer the questionnaires due to the limited time they had with the young people. Many of these projects provide fun activities for the young people on a sporadic basis, which means that finding the time to administer a potentially laborious questionnaire may be difficult. As an added difficulty, these project workers and young people needed to gain parental consent before this process could even occur. If I were to conduct similar research in the future it would be beneficial to take more time to get to know a smaller number of projects by volunteering prior to administering the questionnaire to build relationships. Specific sessions could then be held where participants would fill in the

questionnaires rather than the researcher posting/e-mailing them out to project workers to conduct the questionnaires. The decision to ask the project workers to administer the questionnaire, however, was taken due to the time constraints and the relatively small scale of the current project.

4. Summary

Throughout this critical reflection the aim has been to present both reflective and reflexive comments about both the process of conducting research and the research itself. It is hoped that the research will be able to go on and be published in an academic journal so that the contribution to knowledge can be widespread. Despite several challenges along the way I feel that the final product has the potential to contribute to young people's lives. Whether this is directly through my own personal knowledge or through the increase in others' knowledge, I am hopeful it will benefit one or even many Young Carers.

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Appendix 1

Gatekeeper Information sheet

Dear _____ ,

I am a Trainee Educational Psychologist at Cardiff University. For the thesis of my doctorate I am carrying out a study asking young carers about their views on their school life experiences and factors that support or hinder their engagement in education. I am writing to enquire whether you would be interested in/willing to allow me to recruit children from your service to participate in this research.

In brief I will be looking to conduct a focus group with around 6-8 voluntary young people. They will be asked to discuss their view of education generally as well as given specific activities so that everyone is given a chance to contribute their views in a discrete manor.

From this focus group a questionnaire will be created and I will then look to distribute this questionnaire to other young people in your service.

If you would be interested/willing I would ask you to give the young peoples' parents letters asking for their permission for the young person to take part. Around 8 children will be selected from those who have gained parental consent. Consent will then be gained from the children to ensure they are completely comfortable in discussing the topic above. I will then attend your centre and use a quiet room in the centre for the focus group which will take approximately 1 hour.

Participation in this project would be completely voluntary. Participants will also be reminded that although confidentiality will be encouraged in the group, it cannot be guaranteed. The children's responses will be transcribed and anonymized. Data will be stored for 6 months until the write up is complete. Full ethical approval will be gained from Cardiff University's school of Psychology ethics committee.

Many thanks in advance for your consideration of this project. Please let me know if you require further information.

Nia Gwawr Williams	Dale Bartle
Trainee Educational Psychologist	Professional tutor
School of Psychology	School of Psychology
Cardiff University, Tower Building, Park Place, Cardiff, CF10 3AT	Cardiff University, Tower Building, Park Place, Cardiff, CF10 3AT
Tel: 029 2087 4007	Tel: 029 20 87 6497
Email: williamsN18@cardiff.ac.uk	Email: BartleD@Cardiff.ac.uk

Please direct any complaints to the ethics committee at Cardiff University.
Secretary of the Ethics Committee
School of Psychology
Cardiff University
Tower Building
Park Place
Cardiff
CF10 3AT
Tel: 029 2087 0360
Email: psychethics@cardiff.ac.uk

Appendix 2

Parental information sheet

FOCUS GROUP

Dear Parent/Guardian,

My name is Nia Gwawr Williams and I am a Trainee Educational Psychologist from Cardiff University. As part of my doctorate at Cardiff University I am carrying out a study asking young carers their views on their school life experiences. I am writing to ask whether you would be willing for your child to take part in this study.

In brief I will be asking your child to take part in a focus group (a discussion between around 6-8 young people) where they will be asked about their general views of their education, as well as what helps and hinders them in doing well in education particularly given their responsibilities at home.

If you choose to give consent your child will take part in the discussion in a quiet room and the discussion will be recorded on a voice recorder. Questions will be simple and open so that your child only needs to give an answer they are comfortable with at all times. Voice recordings will then be transcribed and at this point made anonymous so that they are unidentifiable. Confidentiality within the group will be encouraged throughout the discussion but cannot be guaranteed. Anonymity of participation cannot be guaranteed either due to other participants in the focus group.

The benefit of your child's participation is the opportunity to present his/her opinion on his/her education as a young carer, which could inform future strategies and initiatives in local schools. Potential risks include any discomfort your child may feel in answering questions with regard to their education.

Your child's participation in this study is entirely voluntary and you or he/she may refuse to complete the study at any point, or refuse to answer any questions which he/she finds uncomfortable. Your child may also stop at any time and you can contact myself or my supervisor within the university with any questions you may have.

You and your child will be fully debriefed after completing the focus group with the aims of the study. Your child's views will be kept anonymous once transcribed, so your child's name will not be associated with their views. As stated previously should you feel unsatisfied with this explanation or for any other reason you are free to remove your child's data from the study up to seven days after the focus group.

This research has gained full ethical approval from Cardiff University's school of psychology.

If you are willing for your child to take part could you please fill out the consent form attached and give it to your child to bring to _____.

Please contact myself or my supervisor from the university, Dale Bartle, at the following e-mail address if you have any questions regarding this study. Thank you again for your co-operation.

Nia Gwawr Williams	Dale Bartle
Trainee Educational Psychologists	Professional tutor

School of Psychology	School of Psychology
Cardiff University, Tower Building, Park Place, Cardiff, CF10 3AT	Cardiff University, Tower Building, Park Place, Cardiff, CF10 3AT
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Secretary of the Ethics Committee
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Consent Form

Statement of Consent:

I have read the above information.

I have asked any questions I had regarding the procedure and they have been answered to my satisfaction.

I understand all the information that has been presented and I am satisfied with all aspects of the study.

I understand that mine and my child’s participation is completely voluntary and their views will be kept anonymously.

I, _____(NAME) consent to my child _____ to participate in the study conducted by Nia Gwawr Williams from the School of Psychology, Cardiff University with the supervision of Dale Bartle.

Signed:

Date:

Appendix 3

Parental information sheet

QUESTIONNAIRE

Dear Parent,

My name is Nia Gwawr Williams and I am a Trainee Educational Psychologist from Cardiff University. As part of my doctorate at Cardiff University I am carrying out a study asking young carers their views on their school life experiences. I am writing to ask whether you would be willing for your child to take part in this study.

In brief I will be asking your child to answer some questions on a questionnaire. The questions will be asking your child to rate how much they feel certain things help or do not help them do well in education. These questions have been chosen alongside other young carers and therefore have a particular focus on how young carers feel they are supported (or not) in school.

If you choose to give consent your child will take part in the questionnaire online or on paper. Questions will be simple and general so that your child only needs to give an answer they are comfortable with at all times. Your child will be given the opportunity to skip any questions they do not feel comfortable answering. The questionnaire will be kept anonymous.

The benefit of your child's participation is the opportunity to present his/her opinion on education, which could inform future strategies and initiatives in local schools. Potential risks include any discomfort your child may feel in answering questions with regard to their education.

Your child's participation in this study is entirely voluntary and you or he/she may refuse to complete the study at any point, or refuse to answer any questions which he/she finds uncomfortable. Your child may also stop at any time and you can contact myself or my supervisor within the university with any questions you may have.

You and your child will be fully debriefed after completing the interview with the aims of the study. Your child's views will be kept anonymous, so your child's name will not be associated with their views. As stated previously should you feel unsatisfied with this explanation or for any other reasons you may remove your consent up to the point where the child's responses are anonymised.

This research has gained full ethical approval from Cardiff University's school of psychology.

If you are willing for your child to take part could you please fill out the consent form attached and give it to your child to bring to _____.

Please contact myself or my supervisor from the university, Dale Bartle, at the following e-mail address if you have any questions regarding this study. Thank you again for your co-operation.

Nia Gwawr Williams	Dale Bartle
Trainee Educational Psychologists	Professional tutor
School of Psychology	School of Psychology

Cardiff University, Tower Building, Park Place, Cardiff, CF10 3AT	Cardiff University, Tower Building, Park Place, Cardiff, CF10 3AT
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Cardiff University
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CF10 3AT
Tel: 029 2087 0360
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Consent Form

Statement of Consent:

I have read the above information.

I have asked any questions I had regarding the procedure and they have been answered to my satisfaction.

I understand all the information that has been presented and I am satisfied with all aspects of the study.

I understand that mine and my child's participation is completely voluntary and their views will be kept anonymously.

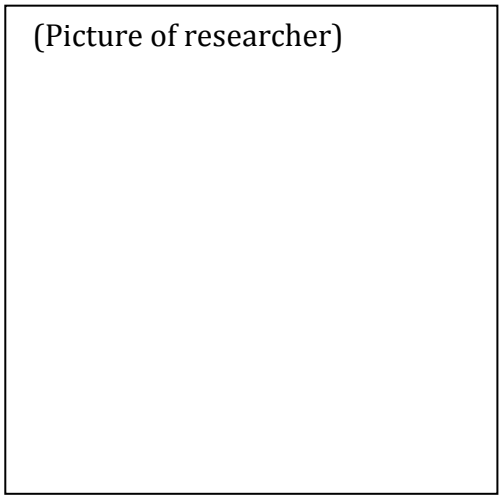
I, _____(NAME) consent to my child _____ to participate in the study conducted by Nia Gwawr Williams from the School of Psychology, Cardiff University with the supervision of Dale Bartle.

Signed:

Date:

Appendix 4

Hello!



My name is **Nia** and I am hoping to come in to your local young carers centre to talk to you about your education.

Your views are really important to me but you don't have to take part if you don't want to. If you do want to chat to me I will come and hold a group discussion in your centre. To help me remember all the interesting things you say I will record it on a voice recorder and will then type everything into a computer. Your name will not be written anywhere so no one will know it is you.





If you want to take part please tick the boxes below. If you have any questions or want to talk to me some more about it, please ask me on the day.

Thank you for reading this and I hope to see you soon!



Child Consent Form

Please tick if you agree ✓

	<p>I want to take part in the group discussion about education.</p>	
	<p>I know I can say NO to any questions I don't want to answer.</p> <p>I know I can say NO at any time.</p> <p>I know if I don't want to I don't have to speak.</p>	
	<p>I know our chat will be tape recorded.</p> <p>I know I can say NO if I don't want it to be taped.</p>	
	<p>I am happy to share my stories.</p> <p>I am happy for my stories to be shared with others.</p>	

Appendix 5



Exploring young carers' educational experiences: A focus on risk and protective factors

Thank you very much for taking part in this research; this study was an investigation into young carers' perspectives of education.

(Focus group) Young people were asked to identify things that help or hinder them in education. I was interested in gaining these perspectives to see how young carers view education in order to explore any improvements that could be made in how they are supported.

The results will be kept anonymous once they have been transcribed. You are free to withdraw your child's recording up to 7 days after the focus group took place. Once the recordings have been transcribed and analyzed the voice recordings will be destroyed. When the responses are analyzed, the researcher can then see if there are similar themes that emerge from the young people's answers.

(Questionnaire) Young people were asked to identify things that help or hinder them in education and to what degree. I was interested in gaining these perspectives to see how young carers view education in order to explore any improvements that could be made in how they are supported.

You are free to withdraw your child's questionnaire up to 7 days after the questionnaire was filled, after this date the questionnaires will be anonymized. The questionnaires will be analyzed and the researcher can then see if there are similar themes that emerge from the young people's answers.

Please contact Nia Gwawr Williams or Dale Bartle at the following e-mail addresses if you have any questions regarding this study. Thank you again for your co-operation.

Nia Gwawr Williams	Dale Bartle
Trainee Educational Psychologist	Professional tutor
School of Psychology	School of Psychology
Cardiff University, Tower Building, Park Place, Cardiff, CF10 3AT	Cardiff University, Tower Building, Park Place, Cardiff, CF10 3AT
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Please direct any complaints to the ethics committee at Cardiff University.

Secretary of the Ethics Committee
School of Psychology
Cardiff University
Tower Building
Park Place
Cardiff
CF10 3AT
Tel: 029 2087 0360
Email: psychethics@cardiff.ac.uk

Debrief form for children

Thank you!

Thank you for taking part in our chat. You have helped me get some interesting information about what you think of your education. This can help us know how to support young people like you in the future.

Our chat was recorded on a tape recorder so that I can remember all the interesting things you said to type them up on a computer.

If you have any questions or you are not happy after taking part, please ask your parent or your teacher to contact me.

Thanks again!

Nia Gwawr Williams

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School of Psychology
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Appendix 6

Focus Group Schedule

1. Introducing the session, explaining procedure.
2. Game to build rapport.
3. 'In pairs or on your own think of 3 things that you like about school and 3 things you think could be better at school'
Answers discuss and prompt questions used such as 'tell us a bit more about that' 'how does that make you feel' 'what could be done to change that'.
4. 'Now I'm going to give you 2 post its and I want you to write down 2 people who help you do well in school, this could be someone from school or someone from outside of school'
Post its arranged on board according to themes, discussion is prompted using the prompt questions again.
5. 'Now we're going to think about things that help and stop you doing well at school. So this time I'm going to give you 4 post its. I want you all individually to write down 2 things that help you do well in school, this can be a person, an activity, something you do yourself or something the school does to support you. Then I want you to write down 2 things that stop you doing well at school, again this can be something someone does, a situation, a practical issue. If you can think of more than 2 for each you're welcome to come and get another post it'
Post its arranged on board according to themes. Discussion prompted and prompt questions used regarding what helps at home, what helps in school, what about friends etc in order to explore all aspects.

Questionnaire explained and their participation asked for in order to create it.
6. 'Now, out of those factors that we came up with, we're going to decide on the 5 most important things that help you and 5 most important things that don't in order to put in the questionnaire'
If lack of agreement on themes, nominal group technique will be used to vote for most popular answers.
7. Group thanked for coming and a game will be done to end on a comfortable and relaxed note.

*Activities/questions are ideas only. Discussion will follow themes presented by participants in order to explore in more detail.

Appendix 7

Young Carers' Experiences of Education Questionnaire

How old are you? _____

Please tick the relevant boxes:

What is your gender? Male Female

Do you look after a family member/members at home who has/have any of the following?

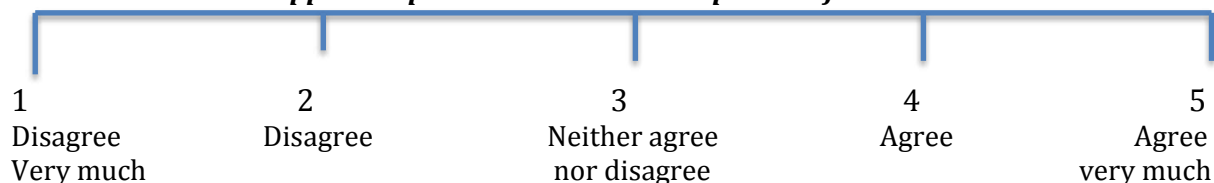
Serious or long-term illness Learning disability
Drug or alcohol difficulty Physical disability
Mental health difficulty Other:

Do you carry out any of the following tasks for this/these family member(s)?

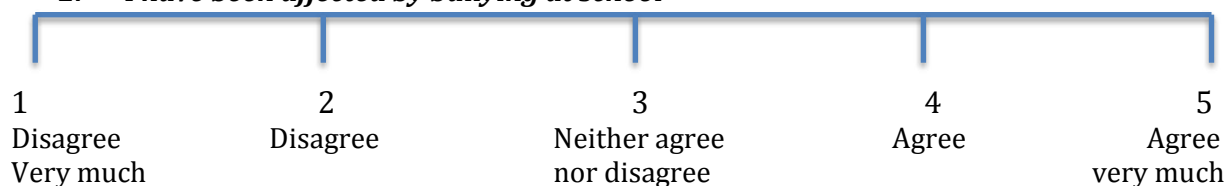
Personal care, e.g. feeding, dressing, showering, toileting, walking	
Housework, e.g. cooking, cleaning, shopping	
Give medication, e.g. tablets, medicine	
Going with them to medical or other appointments	
Providing emotional support e.g. listening, being there, cheering up	
Get up in the night to help them	
Looking after brothers or sisters	

In the following questions please circle the number on the scale that applies best to you and your education:

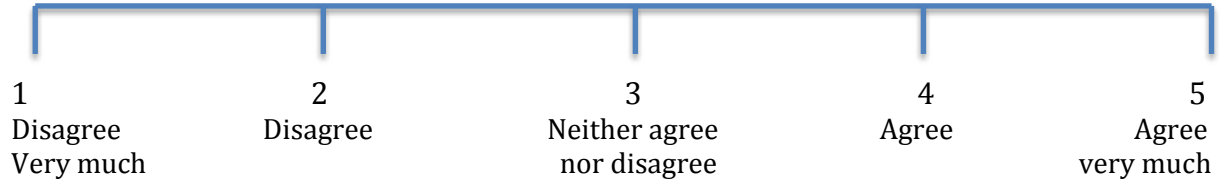
1. "There is a supportive person at school I can speak to if I need to"



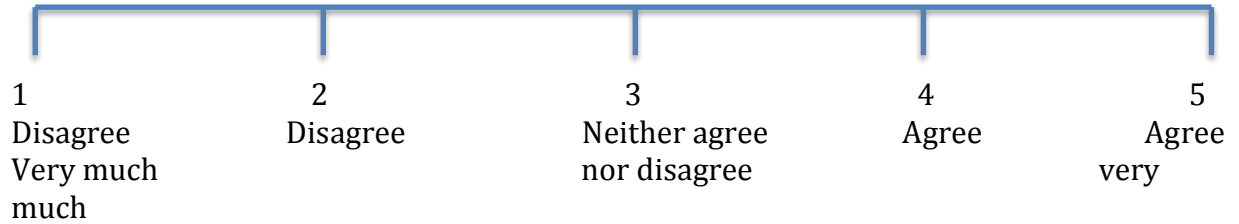
2. "I have been affected by bullying at school"



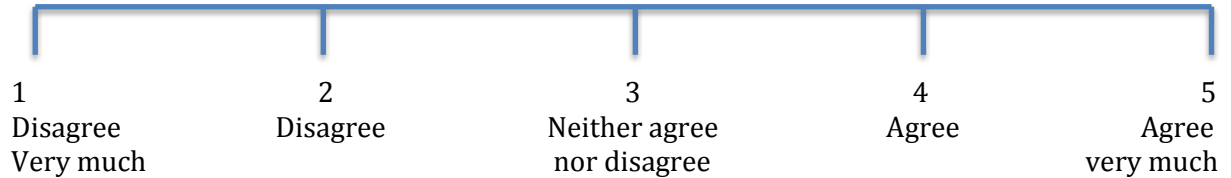
3. "I have a clear idea of what I want to do after leaving school"



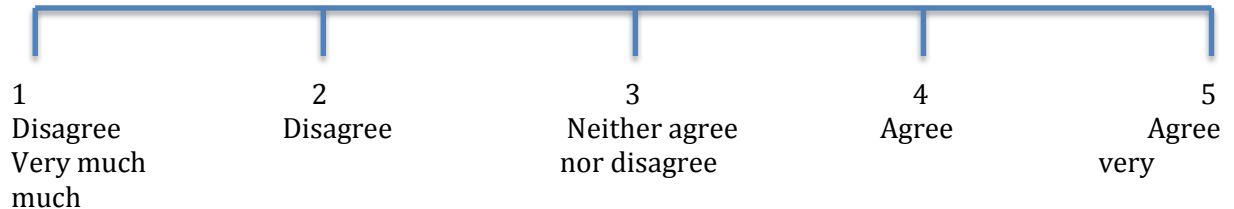
4. "I have time and a quiet space at home to do homework/ revise"



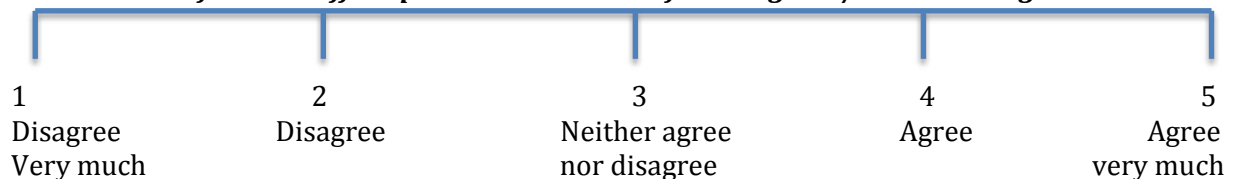
5. "Teachers are flexible with me regarding deadlines and completing work"



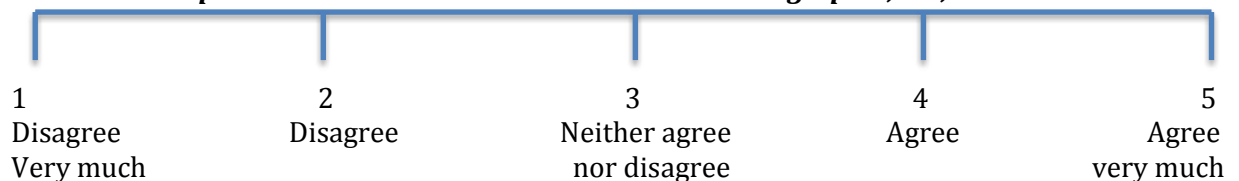
6. "I have good friends at school"



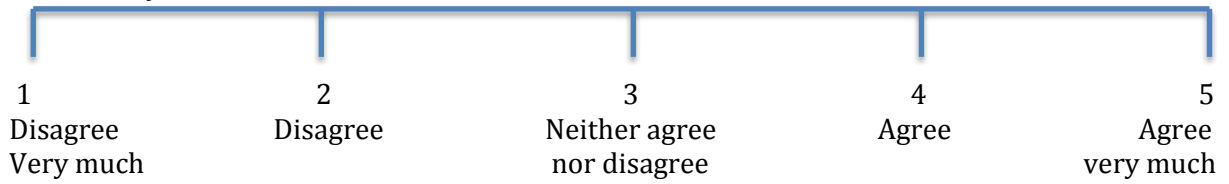
7. "I am often told off or questioned in school for being late/not attending"



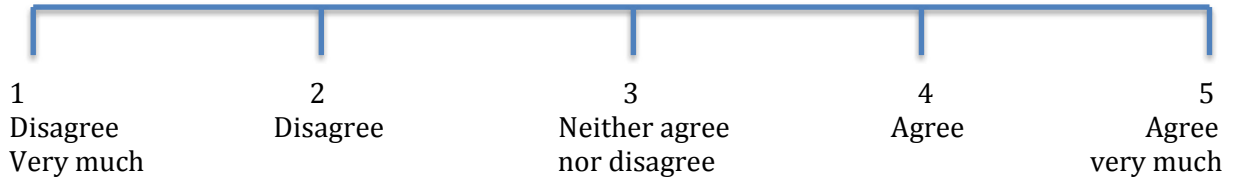
8. "I take part in extra-curricular activities at school e.g. sport, art, clubs"



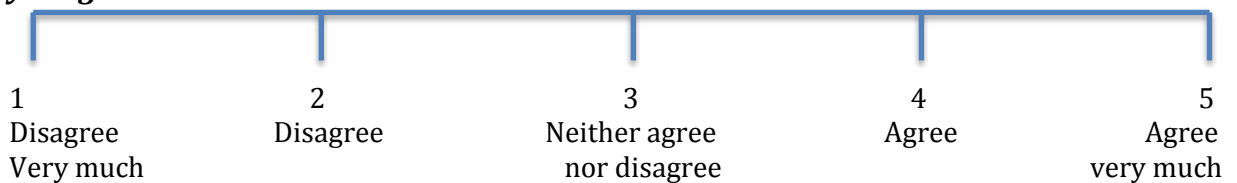
9. "I am given breaks throughout the day if I need them (f.e. to contact home, to chill out)"



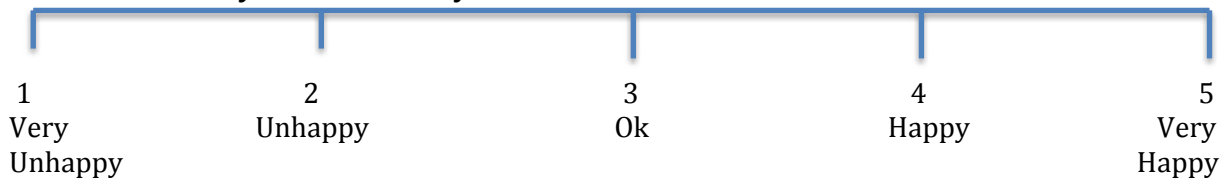
10. "I can get to school and home easily"



11. "I feel that my school (teachers and pupils) understand what it means to be a young carer"



Overall how do you feel about your education?

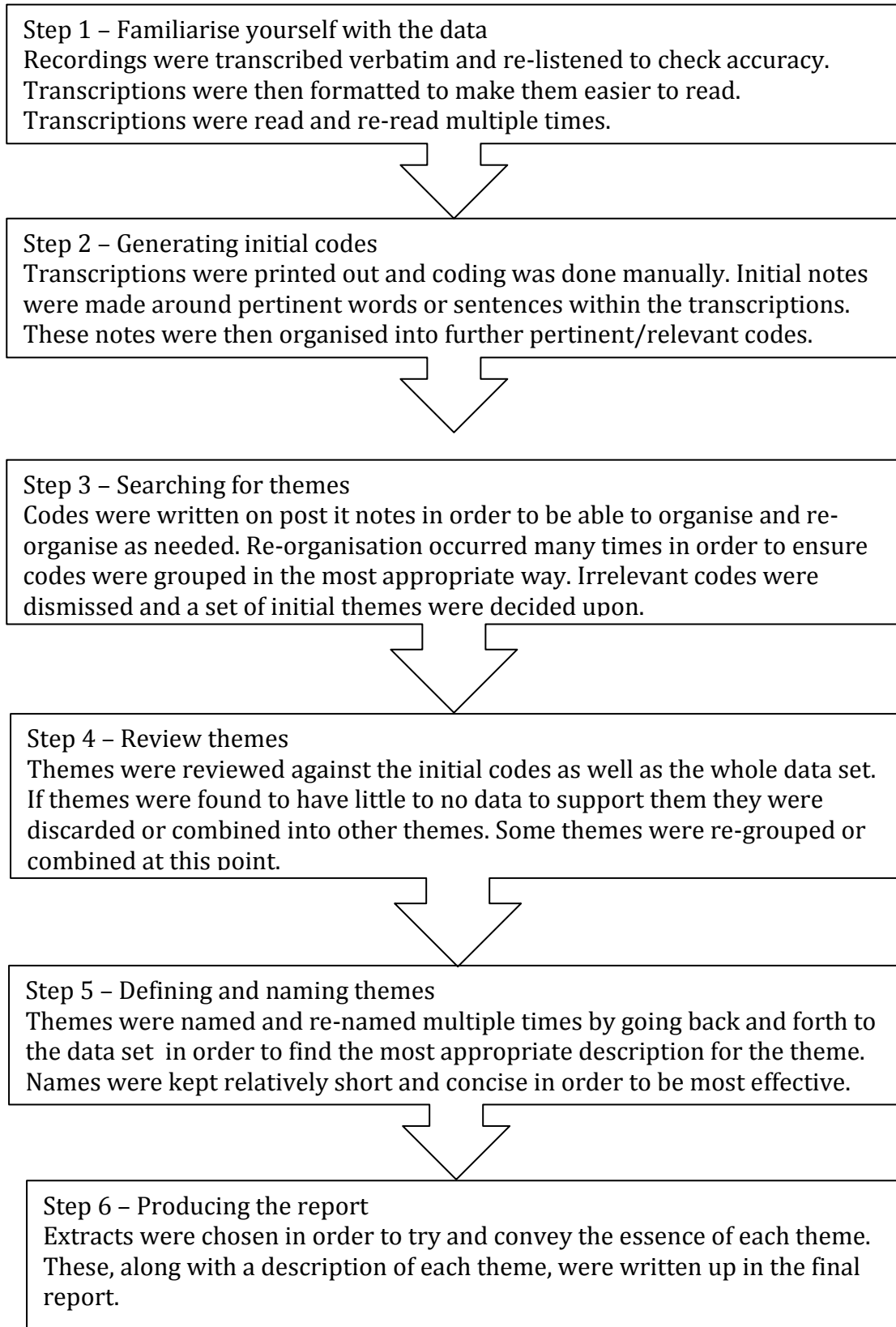


Is there anything else that helps, or stops you, doing well at school?

Any other comments:

Appendix 8 – Thematic Analysis Procedure

Thematic Analysis was conducted based on Braun and Clarke's six phase procedure: Braun, V. & Clark, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3, 77-101.



Appendix 9 - Example of coding process

Coding was done by hand, therefore, this is an illustrative example.

P1- and now I need to really focus and now I'm much happier. Before the school were like well why aren't you in or what's been happening, and you don't really wanna tell them, but I did end up telling them and they helped me a lot and the teachers were understanding and once I told them they were like really supportive and they were giving me like I'd go back at lunch and then catch up with my work or when I went back home instead of you doing the work just copy someone else's book

Researcher - So how did they find out that you were a young carer?

P1- Erm well social services and stuff so yeah...

Researcher - How did you feel when school were told about that?

P1- It was ok but pulling you out of lessons...

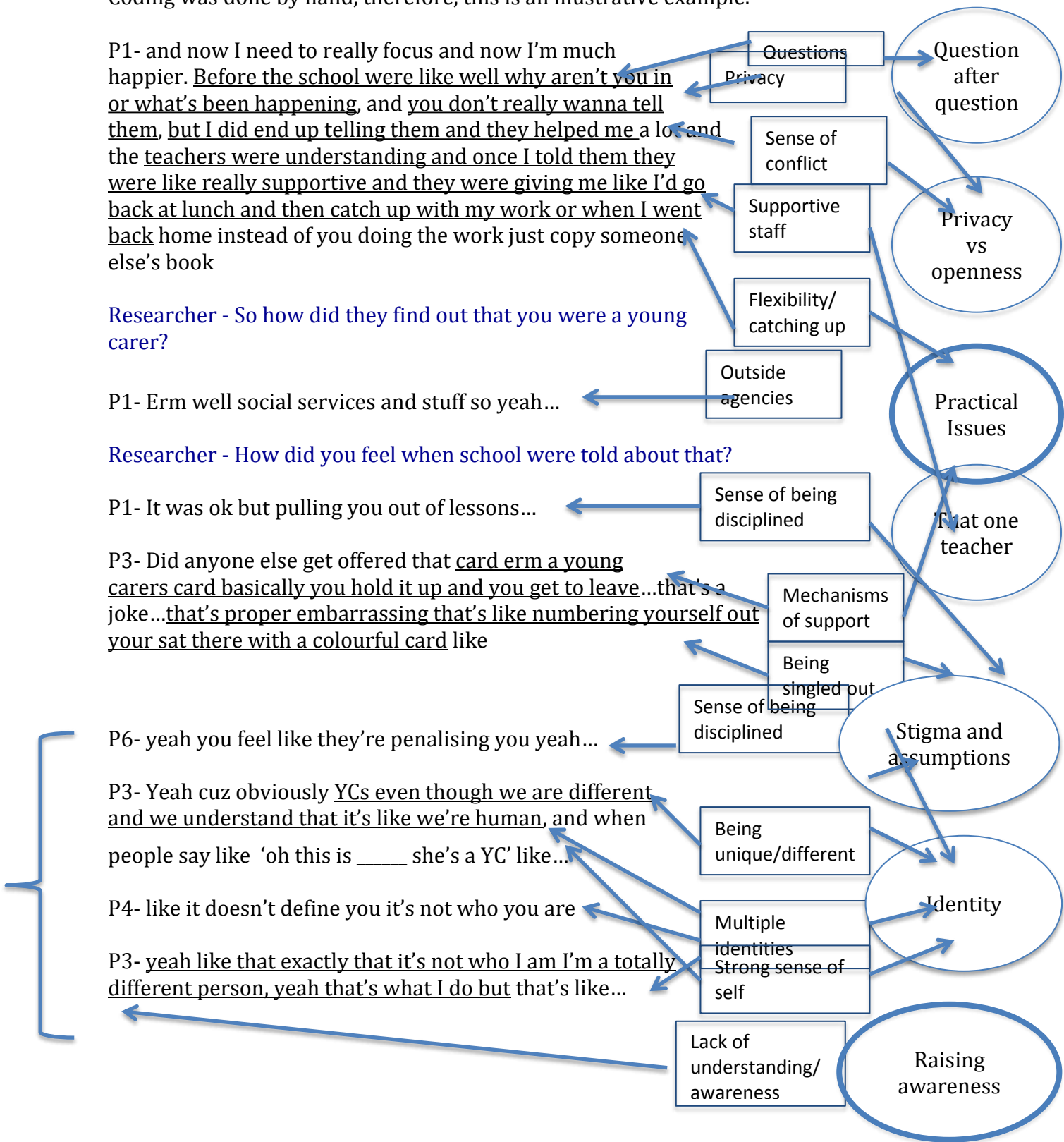
P3- Did anyone else get offered that card erm a young carers card basically you hold it up and you get to leave...that's a joke...that's proper embarrassing that's like numbering yourself out your sat there with a colourful card like

P6- yeah you feel like they're penalising you yeah...

P3- Yeah cuz obviously YCs even though we are different and we understand that it's like we're human, and when people say like 'oh this is ____ she's a YC' like...

P4- like it doesn't define you it's not who you are

P3- yeah like that exactly that it's not who I am I'm a totally different person, yeah that's what I do but that's like...



Appendix 10 – Testing the assumption of normality in the data

Tests of Normality

	Age	Kolmogorov-Smirnov ^a			Shapiro-Wilk		
		Statistic	df	Sig.	Statistic	df	Sig.
Overall	8-12	.133	21	.200*	.949	21	.327
resilience	13-18	.151	16	.200*	.938	16	.328

*. This is a lower bound of the true significance.

a. Lilliefors Significance Correction

Tests of Normality

	Gender	Kolmogorov-Smirnov ^a			Shapiro-Wilk		
		Statistic	df	Sig.	Statistic	df	Sig.
Overall	Male	.204	13	.143	.890	13	.097
resilience	Female	.105	24	.200*	.947	24	.232

*. This is a lower bound of the true significance.

a. Lilliefors Significance Correction

Tests of Normality

	Type of difficulty	Kolmogorov-Smirnov ^a			Shapiro-Wilk		
		Statistic	df	Sig.	Statistic	df	Sig.
Overall resilience	Mental health	.385	3	.	.750	3	.000
	Physical/illness	.153	17	.200*	.939	17	.305
	Both	.249	5	.200*	.950	5	.734
	Learning and physical	.214	4	.	.963	4	.798
	Learning	.223	8	.200*	.898	8	.280

*. This is a lower bound of the true significance.

a. Lilliefors Significance Correction